



UNIVERSITY OF
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Evaluation of Families Working Together

Final Report

On behalf of Lincolnshire County Council

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Glossary

ASB	Anti-social behaviour
CAF	Common Assessment Framework
CAMHS	Child and Adolescent Mental Health Services
CiN	Child in Need
CP	Child Protection
CRB	Criminal Records Bureau
DCLG	Department for Communities and Local Government
DWP	Department for Work and Pensions
ESRC	Economic and Social Research Council
FAST	Family Assessment and Support Team
FIP	Family Intervention Project
FWT	Families Working Together
ICS	Integrated Children's System
ISA	Information Sharing Agreement
LCC	Lincolnshire County Council
NAO	National Audit Office
NatCen	National Centre for Social Research
Ofsted	Office for Standards in Education, Children's Services and Skills
OPM	Office for Public Management
SROI	Social Return on Investment
TAC	Team Around the Child
YOS	Youth Offending Service

Section 1: Introduction to the Evaluation

The University of Lincoln has been commissioned by Lincolnshire County Council to provide an external evaluation of Families Working Together (FWT), a community budget pilot for supporting families with complex needs. This report outlines the data collected within the course of the research and the findings of the researchers.

Policy Context: Community Budgets for Families with Complex Needs

The Conservative Party Election Manifesto 2010 set out the Conservative Party's commitment to provide 'targeted help to disadvantaged and dysfunctional families' (Conservative Party, 2010). Following the establishment of the coalition government, the 2010 Comprehensive Spending Review set out the government's aims to establish community budgets, initially within 16 pilot local authority areas, in which local government departments and other public services would pool budgets and resources for 'families with complex needs', promoting greater levels of local decision making and accountability. Lincolnshire was selected as one of the pilot areas and began work in developing its own model of family interventions.

The Lincolnshire Model: Families Working Together

Lincolnshire County Council led the project, designing their Families Working Together (FWT) community budget for families with complex needs based on the successes of the pre-existing Family Intervention Services running in the county around the areas of housing and youth crime. The plan was therefore to expand and restructure this approach to family support, within the context of a multi-agency budget pooling strategy. The intention was to engage a broad range of public, private and third sector partners to resolve family problems in a more effective and joined-up multi-agency team. The project aimed to test two issues: firstly the ways in which the interventions led to improved outcomes for families in Lincolnshire experiencing multiple, complex needs; and secondly, the ways in which more effective co-operation of services can dismantle silo mentalities and offer greater efficiencies in service delivery.

The family intervention model underpinning the project is characterised by the allocation of a dedicated keyworker to each family to offer a wraparound service, drawing up a plan of support including a range of incentives and disincentives for the family, and co-ordinating the services involved with the family to promote a more seamless delivery. The outcomes anticipated from this approach were improvements in the families' lives, including reduced crime and anti-social behaviour, improved health and well-being, increased housing security and strengthened family resilience; improvements in the neighbourhoods and communities in which the families live; and a reduction in the costs incurred by services in responding to families' needs in more traditional ways.

The criteria established by the project for identifying families to support were:

- The family have at least one child or young person
- The family have a minimum of three needs or challenges
- The family have had involvement from at least four agencies
- Agencies have been working with the family for a minimum of twelve months.

Initially, a system of data matching was attempted so as to create a matrix of service involvement for families, and identify those families with the highest levels of need. However, this did not generate enough families to meet the anticipated project capacity of 50 families, and therefore partner agencies were asked to also make direct referrals to the service. A number of families also transferred across, along with the staff, from the existing family intervention services. At the outset of the research, 14 keyworkers were in post totalling 12.5 FTE positions, with two assistant managers acting as practice supervisors to the team of keyworkers.

Given the aims of the Families Working Together project around budget pooling and multi-agency partnerships, it was essential to construct governance structures which reflected this. Consequently, a Steering Group was established, consisting of representatives of the project partners, with accountability for project performance. Alongside this, a Project Working Group comprising operational officers from the partner agencies was established to support the Project and Team Managers and validate proposed working processes. Members of this group also acted as 'agency champions', becoming advocates of the FWT approach within their own agencies and providing a point of contact between FWT and the partner organisations.

Embedding the Service: The Troubled Families Programme

In December 2011, the government announced the creation of a dedicated Troubled Families Unit headed up by Louise Casey, making £450 million of cross-government funding available with the aim of turning around the lives of 120,000 of the country's most 'troubled' families before the next general election in 2015. Central government funding would, under this scheme, be available to local authorities on a payment-by-results basis upon evidencing successful outcomes with families. The impact of this development on the 16 community budget pilots was to require an overhaul of the initial, locally designed, project so as to meet the new, centrally determined, aims and specifications of the Troubled Families programme, and thus allow them to access the central government funding available. Families Working Together is therefore in a further period of development as it responds to this new initiative and becomes embedded into the longer term services of Lincolnshire County Council.

According to the Department for Communities and Local Government (DCLG) (2012) Troubled Families financial framework document, 'troubled families' are households who:

1. Are involved in crime and anti-social behaviour
2. Have children not in school
3. Have an adult on out of work benefits
4. Cause high costs to the public purse

Councils must firstly identify families meeting criteria 1) and 2), before then requesting data from the Department for Work and Pensions (DWP) in relation to criteria 3). All families meeting all of these criteria 1) to 3) should automatically be included in the programme. Where there are families who meet just two of these three criteria, then councils can develop their own discretionary filters which look to identify other problems which cause a high cost to the public purse (criteria 4).

Suggested local filters include adults with proven offences or police call-outs or arrest, children on a Child Protection Plan or at risk of becoming a looked after child, health problems including substance misuse, physical or mental health conditions or under 18 conceptions, or domestic violence. DCLG state that the number of families identified through these four criteria should reflect the number of families estimated by the government to need support within each local authority area, which for Lincolnshire was set at 1,370 families.

To meet this new challenge, FWT have needed to undergo considerable expansion, generating extra capacity within the service by expanding from 12.5 FTE Keyworkers to an anticipated 40, and to develop new ways of working with partner agencies, including incorporating a number of 2 year secondment positions for professionals from other agencies, such as the Youth Offending Service and Police, and developing a 'virtual team' of support agencies around the county who can contribute to meeting the needs of the 500 families per year that Lincolnshire County Council are expected to support if they are to meet the government target.

Research Focus and Ethics

This evaluation was commissioned in 2011 and the research period ran from January 2012 to March 2013. As a result, the research project straddles the two periods of service development and to some extent encompasses both dimensions of FWT, as community budget pilot and as emergent Troubled Families Programme. However, the community budget pilot remains at the centre of the research, as it is the families, keyworkers and multi-agency support systems arising out of this early period which feature most prominently in the data collection strategies. Nonetheless, additional reflections upon the Troubled Families Programme are made where appropriate, and where the research has elicited data on this issue.

The evaluation includes a number of elements, which are outlined within this report:

1. Interviews with the keyworkers and their line managers
2. Interviews with Steering Group and Project Group representatives
3. Interviews with frontline professionals from the partner agencies
4. Interviews with a sample of families supported by the project
5. Review of project documents including support plans for the sample of families.

The research design reflects the guidance of the University of Lincoln's Ethical Principles for Research with Humans and the Economic and Social Research Council (ESRC) Framework for Research Ethics (ESRC, 2010), and ethical approval for the research was obtained from the relevant University ethics committee. The research also ensures adherence to Lincolnshire County Council's own policies on ethics and harm avoidance, as well as Safeguarding Children, Equality & Diversity and Staff Lone Working policies. The researchers also obtained full Criminal Records Bureau (CRB) clearance prior to the family interviews.

The interviews with families raised a number of ethical issues in relation to the vulnerability of the research participants and the paramount need to prevent harm or distress. In choosing families for the sample, therefore, advice was taken from keyworkers about their vulnerabilities and the risk of harm. Families who posed high risk (to themselves or the researchers), were suffering high levels of distress about their situation or found talking about their experiences particularly upsetting, were not included in the sample. It is acknowledged that this decision may have impacted upon the characteristics of the sample, and therefore limited the variety of perspectives obtained from families, but the need to maintain ethical standards and protect vulnerable individuals was seen to override other concerns about the representativeness of the sample.

Care was needed to ensure that the individuals gave *informed* consent to participate and therefore a letter explaining the research was provided for families, which was also explained orally. The keyworker played an important role in supporting this. It was made clear throughout the research that the participants could withdraw at any time without providing a reason, that they were under no obligation to continue, and that they could refuse to answer any questions that they did not wish to respond to.

Of particular concern was to ensure the avoidance of harm to the children within the families, given that they might also be experiencing a number of difficult and upsetting circumstances. Alderson's (1995) report for Barnardo's on ethics in social research with children offered important further guidance in this area. As recommended by Alderson (1995) an additional 'Impact on Children' statement was produced and referred back to the Ethics Committee prior to the family interviews taking place.

The key workers played a valuable role in liaising with the researchers about children with particular needs or vulnerabilities. Children under the age of 18 were never interviewed alone without family members present, and were never pressed to take part if they were not comfortable to do so. Whilst their primary carer could legally supply 'informed consent' to the child's participation in the interview, Alderson (1995) notes that this must be distinguished from the child's 'assent' or agreement to be a subject in the research. Given the vulnerable and relatively powerless position of children within the family, the researchers remained mindful that the child might not wish to answer questions and should not be pressed to do so (indeed, in one family in particular, a young person sat and listened to the whole interview but chose not to speak).

Alternative research tools were offered to children, including allowing them to create a visual representation of their family during the interview, using arts and crafts materials and magazine images. This method elicited one very powerful visual account of a child's life before and during FWT support. During the second round of interviews, the young people who had so far not chosen to take part were offered a very short questionnaire to complete. This proved beneficial in achieving the participation of two young people who had less complimentary perspectives to offer on FWT support. One of these young people then consented to answer a few questions about his questionnaire responses, which was immensely valuable.

Section 2: Review of the Literature

Family Intervention Projects: Lessons from research

FWT is one of a number of family intervention projects (FIPs) across Britain. These services became a key part of New Labour's drive to tackle anti-social behaviour developed largely on the experiences of the Dundee Families Project (Dillane et al, 2001) and a number of other subsequent 'pioneering projects' (Nixon et al, 2006). In 2007 the National Centre for Social Research (NatCen) began a national evaluation of family intervention services, and a central database for recording family interventions activity became a key tool within this research. The resulting national evaluation of such projects (Lloyd et al, 2012) identified five different kinds, depending on their focus (anti-social behaviour, youth crime, child poverty, housing, and women offenders). Common features of the projects included:

- Rigorous assessment process
- Keyworker assigned to each family as a lead professional, with a small caseload (usually about six families) for about a year
- A contract or support plan involving different services and reviewed on a regular basis.

The role of the keyworker is to:

- Manage family problems
- Coordinate delivery of services
- Support family members directly, and by engaging other services for them.

A small number of reports on individual projects provide evidence of work with families with complex needs which offer a slightly different model to the keyworker centred FIP projects. One example of this is Swindon's LIFE programme pilot for 'families in chronic crisis', in which families *choose their own team* of workers to support them, building relationships which are "equal, honest, compassionate and open" (Leicestershire County Council, 2011). A further example is described by Maras et al's (2008) evaluation of a Greenwich project, where the service provided support for families with multiple and complex needs without providing a keyworker. Instead, co-ordination of multi-agency work with families was undertaken by the three members of a Core Team. Core Team members were consequently seriously overburdened and were not able to give intensive time to a

family. Their role was more one of services co-ordinator than keyworker. The findings of this research indicate the need for a keyworker and that this model of working was less effective than the keyworker model. The Greenwich project also had a number of 'mini-projects' providing specialist and intensive support based on common difficulties experienced by families, e.g. around parenting and personal development. Families seemed to enjoy these 'mini projects' because they gave them an understanding of their own situation, and in meeting other similar families they realised they were not alone (and that sometimes others' situations were worse).

Families selected for intervention had multiple and complex needs, which commonly included issues around parenting, domestic violence, mental health, substance misuse, truancy, child protection, worklessness, debt, looking after the home, child neglect, social isolation and anti-social behaviour (Lloyd et al, 2012; York Consulting, 2011; Leicestershire County Council, 2011). They were also characterised by a lack of resilience, and lack of choice and control, and these things had an adverse effect on aspirations and perceptions of social mobility (Leicestershire County Council, 2011). However, they did not see themselves as particularly different from anyone else in their needs or how they lived their lives (Maras et al, 2008).

In addition to these risk factors evident within the family itself, Nixon et al (2006) described the features of structural disadvantage in the local neighbourhood which they found to be characteristic of families with complex needs and needed to be accounted for. Families frequently came from the most deprived areas with the most difficult social and economic conditions and limited opportunities to improve these conditions. These vulnerable families were often victims of crime and/or anti-social behaviour from neighbours and lived in fear. The researchers argued that deep rooted social exclusion was compounded by mental health disabilities and that "achieving change in these circumstances required a high degree of personal agency and courage" (Nixon et al, 2006:10).

Interventions generally appeared to have achieved significant improvements in most families' lives across all needs areas, although improvements in the areas of health and worklessness were perhaps less impressive than in other areas (Lloyd et al, 2012; York Consulting, 2011). In some cases, further, previously undiagnosed needs were identified, e.g. for child protection (York Consulting, 2011).

Lloyd et al's review of the national data (2012: 91-92) found that the age of the children was a significant factor in determining outcomes achieved, with families with younger children being more likely to successfully address issues around crime and anti-social behaviour, and those with older children more likely to address issues of adult worklessness. Furthermore, larger families were less

likely to achieve full success in family functioning, education and employment. Families with one or more children on a Child Protection Plan were less likely to achieve success in the areas of crime and anti-social behaviour, education, employment and health. These families posed particular challenges to FIPs and the authors concluded that such families might need additional or different support mechanisms. Lloyd et al noted the very complex relationship established in particular between worklessness, family functioning and health (including substance misuse).

Nixon et al (2006) concluded that a lack of *active* engagement (rather than failure to co-operate with the interventions) was a barrier to successful changes. However, this was often symptomatic of structural and personal problems, e.g. depression and family violence, with change being particularly difficult in families with children who had pressing educational, social and behavioural needs. They found that whilst it might seem that families who actively sought support were more likely to engage, success could be achieved with some initially reluctant families too.

Follow-up research after families have exited the project has highlighted the importance of the relationship with the keyworker in achieving long-term successful outcomes (Nixon et al, 2008). In contrast, unsuccessful outcomes have been associated with entrenched offending behaviour by family members, late referrals and time-limits to interventions (Nixon et al, 2008; and Ofsted, 2011, on late referrals). Nixon et al (2008) also noted the important role of re-referrals into the service to support families to sustain outcomes. They could be used as a 'refresher course' to keep families on track and be helpful in brokering in additional services needed to address *new* issues that arose after exit.

In some cases, outcomes deteriorated following exit, particularly where the family had become too dependent upon their keyworker, where they had not been supported sufficiently or appropriately on exit, or where underlying issues had not been addressed (York Consulting, 2011). Families were more likely to sustain outcomes for longer where the interventions built family capacity and improved resilience (so that families became able to address issues themselves in future) alongside addressing underlying causes of concern (York Consulting, 2011; Leicestershire County Council, 2011). This could be achieved through practical support, focusing on building self-esteem and supporting families to take control of their lives, allowing families breathing space to reflect upon why they might want to change, encouraging positive interactions, activities and role models within the community and ensuring parents have the psychological resources to manage. These all required long term work with families, which was dependent upon long term commitment to funding the programme (Leicestershire County Council, 2011)

On the relationship with the keyworker, Ofsted (2011) identified four elements of success in family interventions preventing children from being subject to a care order:

1. The worker's ability to build positive relationships with young people and their families based on openness and honesty, persistence, not judging or criticising, respect and empowerment, responsiveness and flexibility and encouraging young people to have a voice.
2. A positive strengths-based approach which involves young people and their families in identifying the solutions to the problems they experience.
3. Focusing on the needs of the child while recognising the wider role and needs of family members including parents who may not live in the family home.
4. Being there when needed, with intensive support but scaling down as progress is made and clarity about the support arrangements after exit.

Families appreciated the reliability of professionals, in contrast to others in the past who had let them down, and that they provided practical hands on support, *doing* as well as talking. Keyworkers were seen to be respectful of family norms and culture while being clear about what needed to change if children were to remain within the family home, and they nurtured the strengths and resilience of families rather than creating dependence. They were seen as impartial, not taking sides, and as working with not *doing to* or *doing for* the families. Keyworkers therefore needed small and manageable caseloads so as to have the time to work with families (Ofsted, 2011).

Families in the Greenwich project felt that the 'listening ear' of the service was crucial, and was part of the process of lifting the burden from families struggling under the weight of so many difficulties. The researchers found that the service had an important role to play in brokering relationships with other agencies and where necessary 'fast-tracking' families into support. Given that previous relationships with services were usually poor, this role of broker was key to improving engagement with services. In the Blackpool Springboard FIP (Ravey et al, 2008) research found that families appreciated the 'can do' mentality of keyworkers and that they were willing to go *beyond professional boundaries* to evoke change. Staff treated families with respect and dignity and families felt that they received commitment from staff. This was felt to be entirely different from their previous experience of services, where the service told them what to do but then left them to it, so that they felt intruded upon and then abandoned.

The Ofsted (2011) report identified a number of barriers to successful outcomes which centred around the timings of interventions. These included:

- Services expecting young people to talk too soon about personal and painful experiences - services needed to go at a pace suitable to the young person and not expect quick results.
- Families not being at the right stage - they needed to recognise that there was a problem and want to address it. The keyworker had an important role in helping families to see that they want change and that change is possible.
- Intervention coming too late – families wanted to receive help earlier and felt sad that it had to get to crisis point before they received support.
- Short term help – families felt less confident about their capabilities in sustaining the changes made. Families with more chronic and/or long-standing difficulties in particular (e.g. parental depression and neglect) needed longer interventions.

Research for the 'Leicestershire Together' community budget for families with complex needs (Leicestershire County Council, 2011) ran a number of focus group workshops with families, exploring their experiences of services and found an overall impression of a confrontational and untrusting relationship with services. This was characterised by fear, confusion and the feeling of being judged by services that were isolated from the realities of their communities. They experienced services as doing things to them rather than for them or with them, and although they recognised that help was available, the services were difficult to navigate as there were various entry points into services, with little connection between them, inconsistencies and contradictions within services and systems, lack of joined-up transitions between services through different life stages and silo funding mentalities. The report therefore identified that so-called 'families with complex needs' were actually characterised by the *complexity of the state's response to them* rather than the complexity of their needs. Joined-up services are therefore required in which there is no 'wrong door', there is trust and good working relationships between services, and a co-ordinated package of support is delivered to the family.

Embedding a family focused intervention therefore requires more effective multi-agency working, which can be summarised as:

- Effective leadership and governance with political support and middle-management buy-in

- Clear communications between agencies, including effective recording and information sharing
- Assessments which are informed by a range of agency perspectives, with no one perspective seen as more important, and which record soft outcomes
- Clarity of roles and expected contributions, and shared responsibility for managing risk
- Agreed joint priorities and resource commitments with partner agency policies connected to multi-agency strategy
- Shared understanding of the problem, the needs of the clients and the thresholds of risk.

(York Consulting, 2011; Ofsted, 2010; Maras et al, 2008)

Davis (2011) criticised the tendency to seek single replicable solutions focused on individuals and argued that to achieve successful outcomes services needed to understand each family as a whole in its context and 'co-design' a solution with them. Otherwise collective family purpose could be lacking and the family could become further isolated from the rest of society. Similarly, Kate Morris (2012: 5) claimed that families in her research in Nottinghamshire "saw a significant difference between how they understood their way of 'doing family', and how professionals assessed their ways of being a family." Practitioners, she argued, need to develop a better understanding of a child's lived experience within his/her family life, and focus on routine understandings of how a *family* responds to daily stresses and challenges. This means including all family members, even those not living in the family home, who continue to have an influence on capacity for change. Practitioners need to shape interventions which work with that particular family's way of 'doing family' as "Families are not 'thin' experiences" (Morris, K., 2012:7).

Morris identified the ways in which family accounts reveal a shared family position about a service, with a collective assessment about its value. Also, families dislike making a 'fresh start' with each new practitioner or intervention, being frustrated at the lack of continuity of provision. They are usually happy for information to be shared between practitioners so as to allow for greater continuity and to prevent them having to retell their story, which they can find upsetting. However, they do expect transparency about information sharing.

Having been faced with constant threat and increasing isolation, some families tend to close ranks in order to survive, relying upon themselves and their informal support networks, with the result that they further exclude themselves from formal services. In particular, due to fears of the consequences of exposing themselves fully, some families limit professional knowledge of their complex problems by stage managing accounts of routine family life (Morris, K., 2012). It is

acknowledged that, “It is challenging for workers to understand and respond to the broader picture of family life when faced with family members who may be angry, fearful, despondent or suspicious of service providers” (Mitchell and Campbell, 2011: 429). Professionals therefore tended to focus narrowly on parenting, whilst failing to tackle “systemically material, social and cultural impoverishment” (Mitchell and Campbell, 2011: 431). Fleeting professional visits simply made it easier for families to mask risks. Again, this shows the importance of building relationships of trust and taking the time to understand the families in order to properly assess their needs.

Consistency, reliability and responsiveness recur in the literature as important ingredients in building relationships that can achieve change. Individual relationships, however, are only part of the story, as seen in Kate Morris’ discussions with families, where, “individual focused input, some of which was highly valued... was always presented as separate to family life” (Morris, K., 2012: 7). Learning to build trusting relationships with a *family* - as distinct from individuals within a family – was seen by Morris as an underdeveloped area of practice (p8).

A number of commentators have expressed concerns about the ways in which family interventions might be seen as disciplinary, moralising and intrusive (see for example Gillies, 2005; Garrett, 2007), although this relates particularly to interventions involving the placement of a family within a core residential unit. Parr (2011) concurs that there are disciplinary elements within family intervention practices, but that they are rarely straightforwardly punitive or remoralising, since they also provide emotional support and access to resources, and respond to families who recognise their own need for support. As with all the other studies cited in this review, Parr’s research in this area (Parr, 2009, 2011; Parr and Nixon, 2008, 2009) highlights the overriding importance of individual project staff in delivering this support.

Community Budgets and Total Place

The Invest to Save Budget was a joint Treasury and Cabinet Office initiative launched in 1999, which provided funding for new public sector projects in which two or more bodies worked together to achieve improvements in service delivery and cost savings. By July 2002, £310 million had been distributed to 334 projects. The aims were to achieve improved services, efficiency gains, partnership working, innovation and sustainability. However, the 2002 evaluation of the initiative (National Audit Office, 2002) concluded that very few of the projects involved any quantification of benefits. Of the 19 projects for which data was available, the benefits outweighed the costs by up to

75% and the programme was found to have stimulated interest in partnership working in the areas involved, and it also had a positive impact on the culture of risk taking, such that 55% of managers said that they would be more likely to engage with a high risk project in future.

The 2009 Budget launched the government's Total Place initiative, which promoted "local public services working together to deliver better value services by focusing on joint working and reducing waste and duplication" (HM Treasury, 2010: 14). One driver for change identified within the Total Place literature is the "growing recognition that for some important 'wicked' issues- the achievement of social outcomes that involve tackling complex and intractable problems- the conventional departmental approach is not working" (OPM, 2009:12). However, the 13 Total Place pilot areas encouraged recognition that establishing a consensus on a whole systems approach is difficult and that different players think differently about the whole system and their role within it. The tensions between different local actors and between the local and the centre were given the space to be discussed openly, so as to promote creative responses and generate radical solutions based in systems thinking through "examining multiple causes and connectivities" (OPM, 2009: 17).

Grint and Holt (2011) noted that the innovations delivered through the pilot projects had led to significant improvements not just in efficiency but in effectiveness of practice too, as local actors were able to make better sense of the complex local services in that area than central government could. They argued that relationships between local players were therefore central to success within a Total Place approach, and that no amount of restructuring would generate positive change if these relationships were poor. The character of local leadership was seen as particularly important as it led to similar problems being constituted differently in different places (and therefore to different solutions being promoted). They concluded that all this has implications for policy transfer, because what is identified as 'best practice' is only whatever is best at the time and place in which it occurs.

One of the key features of the Total Place approach is the focus on building services around citizens. A number of the pilots worked on delivering more streamlined and integrated customer services delivery (by sharing data more effectively so that citizens do not have to constantly retell their story), shifting resources to earlier intervention rather than waiting for acute problems to arise, and multi-agency partnership working (including greater use of pooled and aligned budgets) to enable delivery of better outcomes. However, according to the National Audit Office (NAO) (2013:2), Total Place initiatives "did not lead to widespread or fundamental changes in local public services, or in the relationship between central and local government". Their review of 181 publications relating to initiatives around joint working and resource alignment, including Total Place and Local Area Agreements, found that only ten included an assessment of impact upon service-user outcomes and,

of those ten, seven reported a lack of robust evidence that collaborative working improved outcomes.

Cost Effectiveness of Family Interventions

A number of studies have attempted to identify the wider costs and benefits of FIPs, and have concluded that they offer value for money, at best excellent value and at worst that they are no more expensive than other services while generating real savings elsewhere (Dillane et al, 2001; Nixon et al, 2006; Pawson et al, 2009; Local Government Leadership and City of Westminster, 2010; Ravey et al, 2008; York Consulting, 2011). There are many problems, however, in measuring such costs and benefits, and in the measurement of outcomes more generally. According to Ofsted (2011:37):

Demonstrating impact is undoubtedly difficult and challenging and in this field of work it will never be an exact science. Quite apart from being able to prove what might have been prevented, it will always be a best attempt based on a combination of 'hard' and 'soft' information. There will always be a number of variable factors which can never be strictly controlled. However this is not an argument for doing nothing.

It is generally acknowledged, for example, that, in certain respects, the progress of individuals and families can be difficult to quantify, and any scoring system (such as the Outcomes Star) is likely to provide only tentative and provisional measures of such progress. This is in addition to the practical difficulties in deciding when to measure, how often, and how to do it in such a way that it is impartial and not detrimental to service delivery. Such measurement is important for providing evidence of movement towards meeting the aims and objectives of a project (for the benefit of clients, staff and funders) (East Wales Objective 3 Programme, 2006; Dewson et al, 2000; Welsh European Funding Office, 2003). However, it is not crucial to the evaluation of the impact of the project as a whole (see below).

A Social Return on Investment (SROI) model provides a potentially useful framework for assessing the economic value of wider social benefits of interventions. This includes the benefits to a range of stakeholders, including other services affected as well as the recipients of the interventions themselves. This clearly offers a way of measuring *all* of the value of the interventions, and the SROI model discourages us from distinguishing between hard outcomes which are measurable and soft

outcomes which are not. If outcomes are important, then the model anticipates that a proxy measure is found for them (The SROI Network, 2012).

There may be some family intervention outcomes, however, for which it is not possible to create valid proxy measures. Action for Children, for example, commissioned a SROI analysis of their Northamptonshire FIP which explored the social value of the project experienced by a range of stakeholders, including children, their families and carers, police, anti-social behaviour (ASB) team, Youth Offending Service (YOS), local authority children's services, housing, health, education and employment services, and substance misuse services. The analysis estimated that, for every £1 invested, the likely social value was about £4, and certainly within the range of £3-£6 based on better and worse case scenarios (Action for Children, 2010). Some of the financial proxies used, however, were difficult to establish and contestable, e.g. the cost of raising a child used as a proxy for the value to parents of improved parenting ability (and therefore prevention of children taken into care).

Action for Children also noted that family time, effort and expenditure were not counted within the SROI model. They identified that families themselves should take considerable credit for the changes made within their families but their input was not valued within the model; indeed, "society sees them as a burden rather than having value" (Action for Children, 2010:37). The report calculated that to recognise their time based on 40 hours a month at minimum wage the SROI would drop from £4.28:£1 to £3.38:£1. Despite these problems with the costing approach in an SROI evaluation, the approach itself seems to offer potential to provide evidence of invest to save activity, which takes into account benefits across partner agencies as well as within the project itself.

An alternative model of evaluating impact is the Theories of Change model (Morris, S., 2012), which is useful where (as indicated above in the quote from Ofsted, 2011) it is not possible or appropriate to conduct randomised control trials or a quasi-experimental evaluation. This theory-based approach is described as "a systemic and cumulative study of the links between activities, outcomes, and contexts of the initiative" (Connell and Kubisch, 1998, cited in Morris, S., 2012:18). By asking stakeholders to identify the outcomes they wish to see, then working backwards to establish the pathways to achieving those outcomes, hypotheses about the impact of the programme can be developed and evidence can then be gathered to test those hypotheses. As part of the development of a Theories of Change model, the outcomes should be articulated *in the short, medium and long terms*, in order to explore the pathways that lead to sustainable, long term outcomes.

The importance of the Theories of Change model here is that it explicitly recognises the complexity involved in the evaluation of projects such as FIPs, whereas the other approaches (e.g. cost benefit analysis, SROI, etc) all attempt, in different ways, to reduce complexity to simplicity. Following this approach, the research would start by identifying each family in the project and note the outcomes that have been agreed with that family. Almost immediately, complexity would arise in that the only agreed long-term outcome would be a state in which the family was no longer demanding services over and above that demanded by most families, whereas short and medium term outcomes would be agreed through negotiation with their keyworker and written down in their family plan, which is subject to regular review. Given the changeable character of this relationship, it seems unrealistic to try to formulate 'hypotheses' about the impact of the intervention as a whole at any particular point during that intervention. For this reason, the Theories of Change model cannot work as it is expected to do.

A more practical way forward is to follow the 'invest to save' approach of the SROI but with a wider interpretation of 'social value' that avoids proxy measures as far as possible. This approach involves providing an account of the following:

- The total costs of the intervention (the so-called 'investment')
- The total savings to *all* services resulting from the intervention (the net 'costs avoided').

Measuring the total costs of the intervention is in principle straightforward, particularly as it is likely to have its own budget. Measuring savings, however, is more complicated. These can be broken down into the following sub-headings:

- 1) The total costs to all services of their involvement with the families *before* intervention
- 2) The increased costs incurred by all services *during* and related to the intervention, e.g. due to the activity of the keyworker in getting more help for the families (this factor is not recognised in the model advocated by DCLG, 2013)
- 3) The costs avoided by all services *during* and related to the intervention, e.g. avoidance of evictions, prison, children taken into care or foster care, etc (DCLG, 2013)
- 4) The total costs to all services of their involvement with the families *after* intervention (which could be measured in the short, medium or long term)

The total savings can then be calculated as 1) + 2) – 3) – 4).

There are difficulties in measuring some of these costs and savings. For example, 2) requires analysis both of the keyworkers' records of contacts with other services and of the detail of actions by those services that followed from these contacts. For 3), a global figure can be used based on the national success rate (Lloyd et al, 2012). For 4), contact with families must be maintained for at least a year after they have exited and the extent of their use of all services must be established over that period of time. Nevertheless, measurement is possible.

This is a 'black-box' approach, in that it does not get involved in questions concerning what is going on within the intervention but looks only at the impact of the intervention as a whole. There is a problem with this, however, known as the problem of 'deadweight', namely 'those families who would have achieved the results irrespective of the intervention' (DCLG, 2013: 28). Without opening the black box, and seeing exactly how the activities link with outcomes, it seems impossible to know whether or not these families would have changed, anyway. Nonetheless, DCLG (2013: 28) report that many local authority areas are applying different levels of 'optimism bias' in order to take account of this, e.g. Greater Manchester Councils have identified five different categories of information with equivalent adjustment percentages for their levels of 'bias' (DCLG, 2013: 29). Although inevitably very imprecise, this does offer a means to understand the reliability of the measurements they have made. For the 'Troubled Families' evaluation, DCLG have recently announced that the national evaluation will take a 10% sample from all local authorities in order to arrive at a more reliable way of assessing deadweight.

Conclusions

- There is compelling evidence from the literature that family intervention services can improve outcomes for families. Essential to this improvement is the keyworker, who has to be reliable, consistent and 'hands-on' in their approach to the family.
- Keyworkers:
 - build a relationship with each family so that the family will actively engage with services
 - listen to and understand each family in order to deal with their problems as a family
 - facilitate and coordinate the involvement of other services.
- Some family problems are more difficult to address than others - structural disadvantage and mental and physical health problems in particular provide challenges to progress.

- The timing of interventions has an important impact upon success. Early interventions are generally more effective but later interventions less so, as problems become entrenched.
- Building the capacity of families to deal with problems by themselves is essential for the sustainability of improved outcomes.
- Local area budget pooling initiatives can provide opportunities for more effective local services and more inter-connected experiences for service users.
- Quantifying the financial benefits of FIPs has proved to be difficult, and the DCLG Troubled Families costings model may not recognise all relevant factors.
- A combination of Theories of Change and SROI models may offer useful approaches to explore the complexities of costs and benefits.

Section 3: Keyworker Interview Findings

All fourteen keyworkers were interviewed in the period February to March 2012, along with two line managers. Interviews lasted for approximately one hour and discussed aspects of the keyworker's role and their work with specific families. A second round of interviews was then undertaken in December 2012 to explore the development of the project and the progress made by families. At this time, four of the original keyworkers and one of the line managers were unavailable for a follow-up interview as they had either left the service or were absent on sickness or maternity leave.

Aims and general approach/ethos of FWT.

All keyworkers agreed that FWT:

- works with the whole family rather than individual members such as children or adults
- works to a plan that supports the family to solve all its major problems
- involves intensive work over a long period of time – visiting the family at least twice a week, every day if necessary, sometimes going in early in the morning and staying late into the evening
- provides hands-on help, which takes on a wide variety of forms – basic cleaning and housework, decorating, budgeting, claiming benefits, getting to appointments, handling paperwork, accessing housing waiting lists, and accessing money from charities (Keyworker F)
- involves working *with* families, not just *for* families
- works flexibly, responding to new crises or challenges as they emerge on the day

Other relevant comments made by individual keyworkers included:

For FWT, as for children's services generally, safeguarding (of children) is the top priority (Keyworker H).

FWT helps to coordinate the access families get to different agencies, by keeping them all in the loop (Keyworker A).

FWT is 'cheaper' because it prevents children from being taken into care and families from being evicted (Keyworker J), and in general: "We're here, really, to try and prevent and stop all them other agencies being involved" (Keyworker F)

"We encompass everything, absolutely everything" (Keyworker D)

Keyworkers' Characteristics and use of time.

The keyworkers were all female and came from a variety of backgrounds. Four keyworkers all had experience of working in Family Intervention Projects (FIPs). They felt that these latter projects were very similar to FWT, the main differences identified being that FIPs involved an element of compulsion on families, and that FWT involved much more paperwork but also a budget earmarked specifically for the benefit of families to be used where needed. The keyworkers' career histories varied, with extensive experience including youth work, housing and benefits provision, health education, working with disabled children and their families, and supporting young people's education and training. One keyworker was a trained social worker. The keyworkers felt that the different knowledge and skills they had were valuable for dealing with the problems their families had – they could rely on one another for appropriate advice in different cases. Keyworkers had to be able to refer family members to appropriate services, and to use a variety of specialised skills as necessary, e.g. Triple P parenting methods, so this support from 'specialists' within the team was particularly useful.

The keyworkers also demonstrated themselves to be non-judgmental and empathetic towards the families: "You are where you are, we aren't going to judge you for it, but how are you going to move forward?" (Keyworker G). Other qualities mentioned as important for a keyworker were: a sense of humour (Keyworker H); a strong person, who speaks up for the family at meetings – an advocate but also a "critical friend" (Keyworker H); and a confidant, who can also keep confidences within a family (Keyworker J).

One of the core strengths of the service is the time that keyworkers have to give to the families. On average they made 2-3 visits a week, spending several hours, or even the whole day (Keyworkers L and K), with the family. They visited early in the morning to look at breakfast time routines, especially where school non-attendance was a concern, and also late in the evening to support with bedtime routines. As one keyworker described, "You almost live with the family" (Keyworker I).

The keyworkers felt that this intensiveness of visits had a number of advantages. Firstly, it supported the assessment process and allowed them to clearly identify the problems and find workable practical solutions. As Keyworker K suggests: “until you actually spend time and actually see that issue erupt whilst you’re with them then you don’t see how they cope with it or not”.

Secondly, spending more time with a family supported the process of building trust, which the keyworkers acknowledged “doesn’t happen overnight” (Keyworker G). Demonstrating their commitment to the family through hands-on action and sustained visiting marks the keyworker out as different from other services who may have been involved before. Families were also more likely to open up to the keyworker about other problems they were facing or to provide personal or sensitive information: “because you’re there all the time...they get used to seeing you, they tell you things that perhaps they wouldn’t tell another agency that came in once a month” (Keyworker D)

Finally, becoming more familiar with family members allowed the keyworker to judge the situation more effectively as they came to understand certain personality traits (Keyworker L) and pointers to certain moods or behaviours. This was helpful, for example, in assessing “how far [the keyworker] can take it, what mood they’re in” (Line Manager 1), and also in identifying when something is not right, for example if alcohol or drug misuse has returned to the household.

However, all the keyworkers said they found it difficult to manage the paperwork on top of this. Keyworker B seemed to say that she could only manage one visit a day because of all her paperwork, and keyworker H said: ‘I’ve had to cut visiting the family to keep up with paperwork.’ However other keyworkers felt that it was the paperwork that should suffer rather than the visits, and prioritised time with family, tending to fall behind with the recording:

“You get behind because it is so intense...If I had a whole day where I could just sit at the computer each week, I’d be fine, but then I wouldn’t be able to do three visits to my family, and that’s the biggest thing we have” (Keyworker D)

A number of the keyworkers were highly critical of the Integrated Children’s System (ICS) that they had to use for recording because of the amount of time they needed to use it, describing it as “not very user-friendly” (Keyworker F) or, more bluntly, as “a nightmare” (Keyworkers J and N) and ‘the worst database I’ve ever tried to use’ (Keyworker E). By contrast, its value was also recognised by the team in providing continuity of support in the event of keyworker sickness, giving them access to more information on families and enabling multi-agency co-operation. There was some awareness in the team about the need for care when reporting in ICS as “we could be the nail in the coffin for

these families” (Keyworker G), but, as one line manager articulated, “if it’s not recorded it never happened” (Line Manager 1). Another line manager seemed to be aware of keyworkers’ views but did not appear particularly sympathetic, saying: “If they don’t like it, I’m afraid that’s the way it is”.

The FWT process

Referral and Assessment

The process starts with a referral of a family to FWT from any one of a variety of agencies. There must be children involved, and the family must freely consent. There is an initial assessment of the risks involved (within 5 days), then a FWT manager allocates a keyworker to the family, the keyworker visits the family (perhaps with the referrer or with their manager, or, where required to do so, with a social worker), and a six-week period of assessment follows, during which a family plan is drawn up and agreed with the whole family. This plan is then reviewed on a six-weekly basis.

The keyworkers all acknowledged the inevitability of starting work with the family during the assessment period: “we have six weeks where you sort of try to take a back seat, but it doesn’t work” (Keyworker D). In particular the need to respond to statutory requirements, such as safeguarding concerns or school attendance, was prioritised during this period. There was also a good deal of ‘fire fighting’ to prevent further escalation of concerns: “you can’t sit back and wait seven weeks if they’re going to be repossessed” (Keyworker G). This period also involved doing “a lot of digging” (Keyworker I) which tended to reveal further issues to be addressed, so that the needs of the family actually appeared to increase during this time. Keyworkers F and J felt that the six-week assessment period needed to be a bit longer (perhaps 8-10 weeks).

This initial period of engagement with a family was all about building a relationship with them. The process of relationship building therefore started with the ‘fire fighting’, that is, dealing with imminent crises faced by a family, such as a threat of losing their home or going to prison or having their children taken into care (Keyworker E). The usual procedure seemed to be to make regular home visits, for worker and family to get to know one another. As stated by keyworker E: “The assessment is just purely built up. Like a relationship, really, you’re building a relationship, you know, a professional relationship up with a family”. It could be difficult at first: “first of all they are defensive, until they get to know what you’re about and you explain yourself” (Keyworker H).

One obstacle to overcome was family members' suspicion of social care institutions, after many years' involvement with various social workers and other agency workers. A number of keyworkers commented on the need to distance themselves from social care from the outset:

"One of my first opening lines is that I'm not a social worker and they respond much better realising that you're there to support." (Keyworker M)

Sharing the same coloured LCC badge as social workers did not help to put this message across:

"They're very suspicious of anybody that wears the Lincolnshire County Council badge and that can be our one downfall...it's the same badge, the same colour as the social workers" (Keyworker K). This was identified as a possible obstacle to engagement, where there is a "blurring of the boundaries so they'll not be sure what the difference is between us and Social Care" (Line Manager 1).

When the relationship began to work, things started to move along: "You start addressing the issues and then they start getting to know you and they gain confidence in you, and then they start to open up and realise that you are there to help and it's not just going to be an hour a week, and nothing much is going to make much difference. They start to – generally – they start to want help and trust you [to provide it]" (Keyworker N).

The general approach was summarised by Keyworker B: "I generally find with families, ultimately, they want things to change, and it's building up that trust and relationship with them, so that you can then say to them 'The only way things are going to change is by you doing things differently'". And Keyworker A: "They've got to trust you and want to work with you, and you've got to sell it to them in such a way that 'I can help you do this, I'm not going to do it for you', well sometimes I do, but 'I can help you do this and these are going to be the outcomes at the end... better surroundings, you will get all these people off your back, you won't have to go to stat meetings, you won't have to report to your social worker or whatever'".

The Family Plan

The key question that keyworkers asked the family was: "What do you think needs addressing first?" (Keyworker E) or "What do you feel you need to work through?" (Keyworker J). Keyworkers emphasised that it was important to take one step at a time in drawing up a list of core tasks that needed to be done (Keyworker J). The keyworker had to perform a delicate balancing act to ensure that all the necessary issues were addressed on the plan without overwhelming the family:

“If you put absolutely everything on there and they look at this 40 page document, they’d probably have a heart attack and think “I can’t do that”. (Keyworker G)

“it’s step by step without bombarding too much in a short period of time otherwise it becomes overwhelming for them and they can shut down and say ‘No, I can’t do this. It’s too much’ ” (Keyworker L)

The initial plan therefore had to appear manageable to the family to encourage participation, with further issues being added in at the six week reviews where necessary. The keyworkers also stressed that it was essential to involve all members of the family in the process of identifying these tasks and signing up to the family plan.

Building or rebuilding relationships *within* the family was also a major focus. Keyworkers said it was important for family members to work together, for example, sitting round a table at mealtimes, keeping things tidy, etc (Keyworker E).

Keyworkers used a variety of behavioural techniques, for example, to teach children to respect people’s property, to teach parents to be clear and consistent in their parenting (Keyworker A) and to establish clear routines (Keyworker F). These techniques included the use of monitoring charts (Keyworker B), rotas of daily tasks or chores, case grids (Keyworker H), acceptable behaviour contracts (Keyworker B), and rewarding good behaviour (Keyworker B). Keyworker F reported on how routines were established in one family as follows:

“A lot of them, unfortunately, don’t have any routines. Because their lifestyle is so chaotic, they’ve got people coming and going at all times, they don’t have a routine. The children are lucky if they get to school at 10 o’clock, let alone on time. So, again, we’ll discuss and find what problems that they’ve got, and then we will go in, if necessary, at 7 o’clock in the morning and make sure that the family is up. And we’ll work with Mum, really, to show her how to do it, or encourage her, really, rather than actually doing the work for her. So we’ll do that a couple of times, probably, a week, and then leave it to her and see how it goes, to make sure the children do get to school on time. And then we’ll probably do a phone call, or something like that, as a wake-up call in the morning. Buy the children alarm clocks – things like that. So we’ll do our best around routines. And, again, we can go in at tea-times, because that can be problematic for Mum as well – a tea-time routine and a bed-time routine and things like that. So that’s another good thing about our job – we are flexible.

Obviously, we wouldn't go in, in the middle of the night or anything, but we can work early mornings and late nights if necessary."

Empowering: Working with, not doing to

The team were very clear about the fact that the work with families was "family-led with an agency steer as opposed to agency-led with the family dragged along" (Line Manager 1). As one keyworker eloquently put it:

"It feels as if they're writing the story, and they've got a pen and paper in their hand. They're writing the story, and I'll be holding the edge of the paper, to keep it still." (Keyworker C)

The keyworkers therefore saw their role as supporting the family to empower themselves, and described the plan as reflecting the priorities of the family and the issues they wanted addressing within their home. Keyworker H contrasted FWT's approach with that of some social workers: "Rather than saying 'This is all wrong, change it', we'll go in and say 'Well, where would you like to change it? What do you feel needs to be done?' You know, give them some responsibility." The reality, however, was that the keyworkers led and recommended to families what changes needed to be made in order to meet the requirements of statutory services, of their tenancy, or their benefits and, where problems were identified at assessment, they remained on the table to be dealt with: "we can't take it off the plan because it is an issue and it's a need in your family, but we can change the wording if that's what you're not happy with" (Keyworker C).

Keyworkers were therefore very skilled at identifying concerns to be addressed but also at encouraging families to take ownership of those concerns so that they too came to understand the importance of prioritising these issues:

"we work very closely with them and get them on board, put the ideas into their head that make it as though they've kind of thought about the idea" (Keyworker L)

"Ours is family led in terms of how they want to prioritise, how they want to do it, what they want to tackle first. We can give them a bit of a shove and say 'Don't you think we need to do this to make sure that you're not losing your property'" (Line Manager 1)

Many families were stuck in such a rut that they found it difficult to see the changes that needed to be made, or even the possibility of some things being able to change. The keyworkers therefore supported the family to identify issues and concerns, and offered them reassurance about how

those issues might be resolved. The fact that they were not bluntly telling the family what to do was an important feature of the work, which promoted engagement and co-operation:

“everything we do is from their point of view. It’s not a case of us telling them what to do, it’s a case of us highlighting certain things that they may have overlooked in their lives”
(Keyworker C)

All the keyworkers expressed the view that it was no good just going in telling families what to do, as this only met with resistance rather than cooperation. Many of the families had been spoken to in these terms many times before, and often they did not know how to do what was needed, anyway. They needed to be shown what to do and to be shown that the outcomes from this were what they wanted for themselves and their whole family. Keyworker H added: “I try not to deliberately work just with the social worker because they’ve already had that sort of intervention of being told what to do, this is where you’re going wrong, but not actually shown how to turn it around, which is what I think we try to do”. Similarly, Keyworker J: “sometimes these families we work with, they’re told what changes they have to make and then left to do it, and sometimes you just can’t do that.” For these and other reasons, getting social workers out of their lives could be a big incentive for families to participate in the project (Keyworker E).

Relationships and Trust

Trust and honesty were central to the work of the FWT keyworker: “It’s a case of the keyworker getting to know the family, because the family have entrusted us, and they’ve allowed us into their lives, so it’s about us as individuals getting to know what it is they would like to see changed”
(Keyworker C).

“We have to be honest, which is what we say to them, you know completely honest, and we have no reason to keep anything from them” (Keyworker D)

The honesty of the keyworkers and their no-nonsense, straight-talking approach was appreciated by the families who had often had negative experiences of services in the past, where they had felt excluded from discussions about themselves: “Some families, you’re probably the only person that goes in that’s non-judgemental, honest, and straight with the family about things, and encouraging them all the time, praising them when things have worked” (Keyworker I). This enabled the keyworkers to broach even the most difficult subjects and to challenge behaviour as unacceptable

and inappropriate when necessary, without negative consequences on the relationship and future family engagement:

“We have to build a really, really effective relationship where we can go in and do the bad stuff...We do have to challenge but in a way that doesn’t break down the relationship”
(Keyworker G).

The use of humour was crucial to this, for example: “I don’t do it in a malicious way. I joke about it” (Keyworker D); but keyworkers needed to establish that relationship before this joking was acceptable: “I wouldn’t talk to them like that in the first couple of weeks. I’d wait until they got to know me. And then you can sort of joke and say ‘Oh my word, look at the kitchen’” (Keyworker D).

Some keyworkers (I and K) had had earlier contact with their families in their previous employment roles and this had proved really helpful in speeding up the process as the relationship was already in place: “so I’ve been able to slot right in and get work done straight away”.

The keyworkers all stressed the need to provide a positive viewpoint on things: “Before you say anything, tell me one positive” (Keyworker M). They emphasised the importance of giving constructive comments rather than being negative and demotivating: “So it’s really constructive comments that you’re giving all the time. And that’s how you build it. That’s how you build a new relationship, because you’re not there to put them down, you’re in there to build them up” (Keyworker D).

One aspect of FWT that really supported the building of trust within keyworker/family relationships was the team’s lack of enforcement powers: “They don’t see us as enforcers...They see us more as somebody who is there to empower them to change their own lives” (Keyworker C). This was seen as refreshing and non-threatening by families whose suspicion of statutory services may have proved to be an obstacle in the past and prevented the sharing of information and willingness to cooperate. However, Keyworker I perceived this as a hindrance because no sanctions were available for failure to engage. If FWT can be seen as taking a carrot and stick approach, then the keyworkers tend to offer the carrot, but the stick is largely wielded by statutory services: “We have to ride on everybody else’s coattails really because it’s voluntary involvement” (Keyworker I).

Negative Relationships

Relationships with families were not always good: “They’re not always happy, no. I think they do find that they have lots of issues with what we’re trying to do, and there’s often the case they’ll tell us to

sod off, or they won't answer the phone" (Keyworker C). But families were sometimes surprised at the perseverance of the keyworker after such rebuttals, and that "We don't just give up on you" (Line Manager 1). Some family members could be manipulative of services. Occasionally, therefore, keyworkers were 'badmouthed' to other services, but those services were 'badmouthed' to the FWT keyworker too. Communication with other professionals was seen as the most effective way to counteract such behaviour, by presenting a united front.

This was not always easy, given the differing priorities of FWT and other agencies:

"the social workers work for the safeguarding of the children, so the child is their client if you like...whereas we work from the family's point of view and sometimes there's a bit of a conflict" (Line Manager 1)

This was particularly problematic where a Child Protection order was progressing towards removal of the children and the social worker was in the process of evidence gathering for the legal proceedings. Here, the keyworkers felt a conflict of interests arose:

"where the case is in pre-proceedings and they're looking at court action to remove the children...it's a balance between what should the keyworker be doing in terms of supporting the family, but what should the keyworker be doing in terms of supporting the statutory structures...it's such a balance" (Line Manager 1)

Supporting the social worker in this work could therefore be perceived as "switching sides" (Line Manager 1).

Keyworkers' use of the budget for each family.

One of the distinguishing characteristics of FWT is that it has a budget of up to £4,000 available to spend on each family, although actual spending was on average 10 per cent of this at around £400 per family. This money can be spent as the keyworker sees fit and was much appreciated by the keyworkers, particularly those who had experience of working in Family Intervention Projects, where such a ring-fenced budget was not available.

Different keyworkers had different views on how this budget should be spent (Keyworker E). These views can be grouped under two headings: those who thought the spending should be conditional on the family doing things in return – a reward for those who were deemed to 'deserve' it – and those who simply assessed whether the spending would move the families forward, without

considering whether they 'deserved' it or not. Most keyworkers expressed a mix of views, typically initial 'emergency' spending, e.g. to clean up a house, skips, decorating materials, etc, and then spending to incentivise or reward specific improvements in behaviour, e.g. doing chores. This was particularly important for the children, who received half term treats, such as bowling or the cinema, or a visit to Costas or MacDonalds. Sometimes second hand white goods such as washing machine and tumble drier were purchased so as to support the family in maintaining a clean and hygienic environment as well as manageable routines. Home educational resources were also purchased to enable the young person to get back into education.

One young person was not attending school because his mum could not buy him new school uniform or pay for a haircut. FWT paid for these things on the condition that he attended school again, which he did. In other families, FWT was able to secure funding for uniform from the school itself, with a commitment to provide this for the young person's entire school career. Other charities were also able to help provide what was needed, such as emergency food banks, or furniture recycling schemes. Small grants for family support were also accessed where possible. Keyworkers therefore demonstrated their awareness of the need to spend taxpayers' money wisely and avoid unnecessary purchases. On occasion this did not happen (e.g. large supermarket shopping and buying new cups and glasses, which subsequently got broken), but for the keyworkers this was clearly a learning curve.

Whatever the budget was spent on, the main point (emphasised by Keyworker J) was that families should learn the value of what was being provided. Families were offered support with budgeting so as to enable them to prioritise their own spending more effectively. Where a family refused to accept this support, but requested financial aid to pay for transport to a court hearing, this was rejected and the family had to make their own way there. The keyworker was not willing to offer financial support unless the family were willing to demonstrate their own efforts to budget appropriately. The keyworkers were also concerned about the financial sustainability of the family, and were reluctant to spend money where it required a regular payment that families would not be able to maintain, e.g. paying for children to attend out of school activities. Searching for cheaper (or free) alternatives was therefore essential to the sustainability of the changes made in the family. Some social workers appeared to envy the keyworkers for having this budget: "Well it's ok for you, you can throw your money at them" (Keyworker H).

Making Progress

Keyworkers were viewed as requiring a great deal of patience. They had to accept that families took steps backward as well as forward (Keyworker H), or could stay stagnant for a while (Keyworker C) and that it could take a lot of interaction with a family before a clear turning point is reached. As Keyworker J said: “I think it’s a certain special keyworker who shows resilience and tenacity to keep going, and somebody who really cares as well”. Some problems were solved, only to find that new problems came to light, which were not picked up in the initial 6-week assessment period (Keyworker N). Similarly, family plans had to be continually adapted as circumstances changed. Keyworkers believed that it was important not to be too judgmental: “We’re not there to say ‘Well you know, it’s your own stupid fault’” (Keyworker D), and to recognise that “some people, they just get on the wrong path, the wrong road, and for whatever reason, and struggle to get back on the right one again” (Keyworker J). As Keyworker C explained: “it might be an issue that you or I could have dealt with overnight and for them it’s been blown out of proportion, so it’s about supporting them to get a grasp back on what is really happening”.

For the keyworkers, change seemed to snowball within families. Once a family had started to actively engage and wanted to see change, the effect became cumulative. Seeing the positive results of the changes made with the keyworker’s support boosted morale and promoted further change, as one keyworker identifies: “I think once they see the change, then it starts like anything, isn’t it, builds them up, gives them a little bit of faith knowing that they can do it” (Keyworker I). Children fed off the positive attitude of parents and were usually willing to participate where they saw change producing happier and more attentive parents. This further encouraged engagement by the parents as they saw the children thriving. Progress was rarely straightforward, however, and there were often setbacks, which could knock the family’s confidence: “Sometimes they do make mistakes, and they will fall, and you have to pick them up and perhaps do it again” (Keyworker D). The empathy and non-judgemental characteristics of keyworkers were seen as crucial at these times to encourage the family to continue with the process. Sometimes, after these setbacks, families needed reminding of the journey they had made already to boost their confidence about their progress and ability. As described by one keyworker: “Look how well you’ve done. Look, you’re monitoring this and there’s hardly any agencies involved anymore!” (Keyworker G). Some keyworkers used photographs or diaries to support this work, such as ‘before’ and ‘after’ photos of work done on the house. When a crisis of confidence occurred, these became a useful resource, alongside the plans which acted as a record of achievement to date.

Becoming dependent on the Keyworker

“It’s like a befriending thing as well...as some of my families say ‘you’re like a part of the family’. And it’s sometimes a very fine line to cross because you do sometimes get so involved with them, you know that much what’s going off in their lives, that it does become relaxed and it gets to the point where you just tap on the door and walk in” (Keyworker M)

This very close working relationship means that there is a risk of the family becoming too dependent upon their keyworker and the keyworkers were aware that they needed to look for signs of this and counter them appropriately. Sometimes that might mean not taking a phone call or refusing a family photo or contact via Facebook (Keyworker G), clarifying that, although a keyworker might seem to have become ‘part of the family’ due to their intensive visiting and help, this was not the case: “I’m your keyworker. That isn’t the relationship we have” (Keyworker G). One recommended way of avoiding such dependency was to work at building the family’s own self-esteem and independence:

“I think as a keyworker you need to be able to be aware of that and kind of back off a little bit, so you’re always setting goals, making people independent, you build up the confidence” (Keyworker I).

The line managers supported the keyworkers in this, encouraging them to reflect upon the relationships they were building and prompting them to look more dispassionately at their families where necessary (Line Manager 1).

Exit

Keyworkers described interventions lasting 12-18 months on average, but they could take up to two years. For a keyworker, a successful case was clearly one where they had worked with the family to a point at which their services were no longer required. Identifying a failed case, however, was not so easy. Keyworker J suggested that a keyworker could exit where the family were not cooperating, but this raises the question of why a family might not be cooperating with a keyworker. If the family won’t engage with them, then who will they engage with?

According to one keyworker, “Nine times out of ten they’re glad to see the back of me!” (Keyworker G), although this did not reflect their reluctance to engage with the service in the first place. Most exits were positive and took place ‘once they’re maintaining things’ (Keyworker F) and when “they’re just in such a better place” (Keyworker M). As Keyworker C describes:

“What we aim to do is to get the families to a state where they’re maintaining the issues in their own home, and they’re not escalating, and that they can make phone calls to whoever it is they need to, they can attend the appointments, you know, they can feel assertive enough to phone the school and explain about why their child is not going to be in that particular day” (Keyworker C)

Most of the families who had exited the service or were near to doing so demonstrated considerable pride in what they had achieved: “She’s dead proud of it, you know, she’s on top of it, she’s maintaining it” (Keyworker I). They were mostly keen to exit as this demonstrated the progress that they had made and their ability to cope on their own: “They see it as that’s a positive. When I decide when it’s right to exit... they know they will be in a better place. They know that is the time when they can manage on their own” (Keyworker D). It also meant that there were no longer services visiting the house and they regained a degree of privacy and independence. Exits were, of course, not always the end of the story of official involvement with a family – mention was made, for example, of exits to a Team Around the Child (TAC) plan or a Child in Need (CiN) plan or to Barnardo’s or floating support or other agencies. Further checks were made on a quarterly basis.

For some families, the exit was a negative experience, whether or not the outcomes were right for that family. In one case the mother’s children had been placed in foster care and her partner had left her, so the keyworker felt: “there’s no point in me keep coming around anymore to just say ‘Hello, are you alright?’ ‘Yes, thanks.’ ‘Right, bye.’” (Keyworker E). Another family were exited because social care were keen to undertake the remaining tasks themselves, leaving no work for the keyworker. Yet the family felt less supported by the social worker whose visits were more infrequent and with whom she did not have such a positive relationship, and the children remained on a Child Protection (CP) plan.

For some family members there was some anxiety about the prospect of losing the support of an individual they had come to trust, particularly where there was an on-going context of social isolation and the keyworker had become an emotional resource for the family. Keyworkers were sensitive to these issues and there was considerable flexibility within the process to stretch out the exit strategy so as to make a more gradual withdrawal where necessary. This demonstrates a real commitment to responding to the needs of the individual family and avoiding imposing an unsuitable one size fits all approach to support.

Keyworkers were also anxious about some family members, and acknowledged the need for trusting them and having confidence in the family to be able to cope alone, perhaps even where the

family had little confidence in themselves: “She’s going to do it on her own because I feel confident now that she can do that. She doesn’t need me to hold her hand” (Keyworker D). It was understood by the keyworkers that being ready to exit involved being able and willing to ask for help if this was needed at any time in the future (Keyworker J), and that this might require building networks of support around the family, e.g. at Sure Start centres or playgroups. Keyworkers therefore encouraged parents in particular to “start engaging with other people and build a social network” (Keyworker K). This ensured the sustainability of the changes made within the family so that they continued to be able to cope after exit and without their keyworker support. Keyworkers also supported families to improve the ways in which they communicated with other services and to have the confidence to deal with problems or ask for further support, rather than avoid such situations. For example, as Keyworker G explained to one parent, “If you don’t understand something, you say to someone, I’m sorry I don’t understand that, and they’ll have to change the way that they speak to you” (Keyworker G), empowering families to demand better service from others.

Keyworkers felt that it was the length of time that they worked with families that promoted this sustainable approach and that other agencies had failed in the past because they had left the families too quickly to cope alone (Keyworker G):

“And these are the things we would teach them. How to be able to stand up, how to be able to get back into education. Put them in touch with the right people and just hold their hand if they’re a bit frightened, and putting all those steps in place for them. Whereas they would not get that with just the short term agencies, and I think that is really important because they’re just going to fall back on their faces again and then you’ve got the big cycle again of everybody going back into the family. The agencies that are out there that do go in only give a very short-term whereas we give an awful long period of time” (Keyworker L)

Multi-agency Working

Given the history of the families they worked with, it was seen as inevitable and an essential part of the work that there would be numerous services to be dealt with who were usually already involved with the family: “Usually, by the time we get there- because obviously we take the more extreme cases- there is usually everybody else on board before we go in” (Keyworker M).

The Keyworker Role- advocacy and building bridges

Many families had experienced years of being involved with Social Care or other services, within Lincolnshire or elsewhere around the country. This history often stretched back into their own childhood, with similar patterns being repeated: “that’s a lot of hatred ingrained there” (Keyworker K). This made for very difficult relationships with social care in particular, and the families had developed both a lack of trust and low expectations about how helpful services were likely to be, sometimes blaming their current problems on social services (Keyworker K).

One of the core strengths of the FWT approach identified by the keyworkers was that it helped to rebuild bridges with various services and support the families in accepting the help offered. When the keyworker first worked with the family, their engagement with services was very poor, as these three keyworkers describe:

“The father has not engaged with a single professional properly at all from the whole time, from the start of child protection” (Keyworker K)

“When we initially go in with families, they tend not to work with other agencies. Engagement with other agencies has tended to be sporadic.” (Keyworker C)

“They won’t go to meetings, they won’t speak to people, won’t pick up the phone” (Keyworker I)

These attitudes are understandable given the experiences that the keyworkers describe, where families have had numerous professionals coming into the family home with little continuity or commitment. There could be as many as three or four people visiting from one agency, and the family would not know who they might be getting next (Keyworker L). The consequence of this was that they had little privacy: “They don’t have any time to themselves. They’ve always got somebody looking over their shoulders” (Keyworker L). The continuous change-over of professionals also meant that the families were “always having to retell their story and things, bring the past up and things about their children” (Keyworker I).

A single keyworker working with a family intensively and extensively was seen as able to reconstruct relationships with other services where they had broken down, in order to get rid of the “us and them” attitude (Keyworker G). The language of building bridges was therefore common amongst keyworkers, for example: “sometimes they need bridges being built again” (Keyworker I) and “lots of the families have got negative connotations of other agencies, and we’re trying to build up bridges

now, and we're trying to provide a singular service" (Keyworker C). The keyworker therefore acted as a focal point, a single contact between the agencies and the families (Keyworker C).

This unique position was viewed as having two important roles. Firstly, it enabled the keyworker to get an overview of the services surrounding the family and to identify gaps in support. Keyworkers frequently talked about their role being primarily one of gap-filling, for example: "there's nobody there really to tie it all together. We co-ordinate the support and fill the gaps" (Keyworker G) and "That's how I see our role, with sort of filling in that little gap, giving them the actual strategies to not come back into Social Care hopefully" (Keyworker K). For other keyworkers, the gaps needed filling by other agencies, but their role was to action that: "It's finding people to fill the gaps and we co-ordinate it" (Keyworker I). One practical example of a clear gap in support was where a family were moved to a house with two staircases but were not eligible for the provision of stair safety gates because their children were over two years old. Yet they remained on a child protection plan where any injuries could have had serious ramifications for the family. The FWT keyworker used the budget to supply these gates because no other service took responsibility for that.

The second, related role, therefore, was the role of advocate, empowering the family to have their voice heard and holding other services responsible where necessary, particularly where the services had failed them in the past. For example:

"everybody else is going, 'Oh that's not our responsibility, not our responsibility'. You know we can actually step in and say either 'It's your responsibility and we want you to do it' or actually, right just do it." (Keyworker G)

"They've got an advocate, we advocate for the families, you know we are the voice sometimes if they don't feel that they have one. And we can give them the forum and get them speaking to the right people" (Keyworker G)

The formal plan documents were an important way of making agencies responsible for action in the same way as the families were: "If [the family] haven't done something, people come down on them like a ton of bricks, whereas if some of the agencies haven't done something...we can say, Oh hang on a minute" (Keyworker G).

Seeing that other agencies had a responsibility to them, which they were entitled to pursue, acted as a boost in confidence for the families, who became more pro-active about engagement (Keyworker C), making their own phone calls to school or for medical appointments and attending TAC meetings

on their own. Having their own list of contacts, with whom the keyworker has helped them to build good working relationships, is central to this. This increased engagement is beneficial to both families and services and crucial to the sustainability of the progress made by families:

“They are usually more likely to engage with meetings. They are more likely to speak up and say what they’d like to happen. They’re more likely to speak up and say what it is they don’t like that’s happening...They’re getting their views across the table because they actually feel like they’re backed up.” (Keyworker C)

Keyworker relationships with partners

Keyworkers had a lot to say about other services with whom they had to work, especially Social Care or children’s services or ‘social workers’ (these terms seemed to be used interchangeably). The general position was that keyworkers had to work with other services in order to achieve the outcomes in the family plan (Keyworker H). Some keyworkers reported good partnership working with front-line social workers, housing workers and schools (Keyworker J), for example, in relation to information sharing, regular liaison, signposting to named colleagues in their organisation, recognition of complementary roles, joint visits (e.g. Keyworker H), and giving complementary (rather than contradictory) advice, i.e. “singing from the same hymn sheet” (Keyworker K).

Keyworker H said that they just contacted the agencies as and when they needed to get things done that they couldn’t do themselves, and the agencies did what they asked them to do. Keyworker N described her relationship with the social worker as follows: “The social worker does a lot of good work, and we work together, but don’t see one another that often. We just fit in like a jigsaw. Things that I need help from him, he’ll do, and anything that he wants covered he’ll contact me”.

There were some examples of relationships in which other professionals made positive use of the keyworker’s unique position with the family: “Some of the agencies completely and utterly lap it up. They love it...we’re first port of call” (Keyworker D) and “Most of the agencies think its brilliant because you’re in there doing the work and they can see things are going to change, so agency-wise everyone’s been supportive” (Keyworker I)

Most keyworkers, however, reported that other agencies were not involved with the families and had nothing to say at the relevant meetings (Keyworker F), or meetings were not followed by actions as agreed in the family plan (Keyworkers B and E), partners did not understand the project or the keyworker’s role or what the keyworkers did (Keyworkers F and J), and “Sometimes getting hold of

other agencies can prove a little bit difficult” (Keyworker A). As Keyworker M complained: “I find I’m battling; I’m sort of having to resend e-mails. They very, very rarely attend meetings and they are always invited”.

Keyworker J stated, with regard to Social Care at management level: “I don’t think they actually get the fact that the families have to engage and they have to want to bring about change.” Keyworkers were particularly critical of some individual social workers who were described as obstructive, dismissive and unhelpful. “I don’t know if they know what it is we’re doing or whether they’re a bit precious about their work, but it tends to be a bit of a battle with that” (Keyworker D) and “She was undermining everything that I did, everything that I said” (Keyworker G).

For example, Keyworker F:

“I went to a Child Protection meeting about three weeks ago, and introduced us and our role and the work we would be doing with the family – parenting techniques around Triple P and things like that – and she was next to me, the social worker, and as soon as I’d finished speaking, she said ‘We’ll get Strengthening Families involved to do the Triple P and parenting approach.’ And I thought... And I said ‘I’ve just explained, I can do all that within my role.’ And she’s like ‘Yes, so we’ll get Strengthening Families on board.’ And she just totally dismissed everything that I’d said. And it was because of ignorance of our service, really – didn’t fully understand it.”

Similarly, another keyworker complained that the social worker misunderstood the holistic, wraparound nature of the keyworker role: “I know that one of the social workers told one of my mothers that...I like to do everything...which is, I think, really what we *should* be doing” (Keyworker D). These examples suggested that there needed to be improved communication between FWT and Social Care to ensure the roles and capabilities of the keyworkers were understood and could be used positively by the social worker to provide additional family support and ease pressures on Social Care.

Some keyworkers reported that some social workers did not appear to know enough about their clients, perhaps because they did not see them often enough:

“You’ll sit at, say, a Child in Need meeting, and the social worker will be sat talking about the family, and I’ll be thinking, no, that’s not right, not at all. Because they’ll maybe see the family or the child once every three weeks, but you’re in there all the time.” (Keyworker B)

Some social workers were accused of having given up on their clients: “‘You’ll never do it because there are people who’ve been working with this family for ten years and it hasn’t happened and now it’s never going to happen.’ It’s like, well, with that kind of attitude as a worker you’re not giving the family any positivity or anything, it’s like you’re giving up on them” (Keyworker B). One keyworker was concerned by the fatalism expressed by social care about the inability to improve the living conditions for one family, questioning “When did we reach the point that it becomes acceptable for that family’s children to live like that but not other people’s?” (Keyworker G). There was also the concern that the emphasis on the child as client within Social Care had resulted in the dismissal of the problems faced by other family members which therefore went unresolved: “there’d been on-going involvement with social care for a number of years and nobody had actually sat down and really talked to mum on her own” (Keyworker M). The failure of other agencies to act upon information received could therefore be seen as further entrenching the problems faced by the families: “They get so comfortable with you, they tell you things and it transpires that perhaps six other agencies knew about this anyway and have done nothing about it” (Keyworker D)

It was suggested that the problem might lie not so much with individual social workers as with the whole system or culture of Social Care, as illustrated in the following story told by Keyworker B:

“When I started, there weren’t many people involved, and there’d been a real mess with a load of agencies managing this family really well, and the Team Around The Child, they’d referred him to Social Care. It wasn’t picked up for ages, so the TACs stopped and nothing happened, and when it was picked up the social worker didn’t carry on the working in the way that had been going on, and a lot of things got left. So everything started slipping again. Then, as the new social worker came in, I came in and we were almost starting from scratch again, when really there should have been a smooth, streamlined process from TAC, up to Social Care, multiagency meetings continued every six to eight weeks, and continuing the good work that had already been going on, that the independent social worker for the school had been doing, and the police officer and everything, and then there wouldn’t have been that massive slip.”

Similar examples were given by other keyworkers of Social Care’s failure to provide consistency and continuity of support for children in need or at risk, or where support provided had been contrary to the advice of the keyworker and had subsequently failed. Keyworker F stated bluntly: “one of our biggest obstacles is with children’s services”.

Keyworkers felt that there was a double standard imposed by social workers on families. For example, social workers could turn up to a meeting late or not at all without consequence but “If the family did that...they’d be in proceedings by the end of the week” (Keyworker G). They also tended to shift the goalposts and failed to recognise the huge improvements within the family home, providing ever more rigorous scrutiny of daily routines. In relation to one family whose children had frequently received injuries in the home before FWT involvement, Keyworker G pointed out “We haven’t had an injury for nine weeks...but the state of the house has deteriorated so then they say ‘The floor wasn’t mopped’. I’m sorry but the floor in my house isn’t mopped either”. One of the perceived strengths of FWT here was that it imposed realistic expectations of families which they felt happy to comply with.

One keyworker provided an interesting example of social worker attitudes in relation to their use of the term ‘collusion’. She was accused by social workers of ‘colluding’ with the family against social services. The use of such a term suggests that these social workers saw the family as ‘other’ and saw the keyworker as having gone to the ‘other’ side. Yet for one of the keyworkers, this term reflected the fact that they did things differently from the conventional way of working, which prompted challenge by other agencies: “I have to work differently with this family because nothing else has worked” (Keyworker G). A fresh pair of eyes to look at the problem from a different direction might be necessary “because they do get stuck” (Keyworker G). For other keyworkers, this term arose largely because of the fact that FWT served the needs of the whole family not just those of the children (Keyworker M).

On the other hand, some keyworkers had very different experiences of working alongside social care, were largely positive about the impact of this and got along very well with the allocated social worker:

“I see it as a very complementary project to the social work system because the case loads of social workers are absolutely immense and huge. What their clientele that they’re dealing with lack is somebody being able to actually go in and spend quality time with them to actually work through the issues...these families just don’t know how to do some of the stuff that they’re sanctioned to do on the plans” (Keyworker C).

Joint visits with social workers seemed particularly helpful as the family were often more willing to let the social worker in, and to talk to them, with the keyworker present: “It works much more effectively when we go in with the social worker” (Keyworker C). In one case, a social worker had been unable to see a young person for quite some time due to his reluctance to engage with the

social worker. Not only was the keyworker able to regularly report back on the wellbeing of the young person, she was also able to support the young person during a social worker visit and thus agree access for the social worker that otherwise would have been unlikely to have been secured: “He actually got to talk to him and he said it’s the most he’s ever spoken to him” (Keyworker K)

Keyworkers recognised that there were other workers who did similar work to theirs, for example, family support workers and targeted youth support workers (Keyworkers H and N). They acknowledged that there could be some overlap between these areas of work. The main difference seemed to be that these other workers were with the family for much shorter periods – weeks rather than months – and worked towards very specific targets, such as getting a child to attend school. There was an awareness of the need to avoid duplicating work where similar agencies were involved: “There’s nothing worse than duplicating work, because I’m absolutely flat out” (Keyworker D). Negotiating with other services who took on responsibility for certain interventions was therefore key to avoiding this: “We work with Targeted Youth, so at the moment we tend not to duplicate work, so if I’m in with a family, they’ll probably keep out of the way, because we do a pretty much similar job” (Keyworker D). This approach relied on the willingness of other services to cede responsibility and allow FWT to take it on, or of course vice versa: “With some people there is still a bit of a perception that we tread on people’s toes” (Line Manager 1) and “They need to know what it is we do because services need to start dropping out” (Keyworker D). It was felt by one keyworker that social workers didn’t like to release agencies (e.g. from tasks assigned under the Child Protection plan) (Keyworker D) and that this might be an obstacle to more efficient working arrangements.

Duplication of work was not always seen as a problem, however. For example, where a family needs particularly intensive intervention which neither organisation could manage within their caseloads, ‘duplication’ was seen more as reinforcement: “Sometimes we do duplicate but the advantage of that with us all being on board...we did manage to be very intensive because we could do it between us then and we did the same thing but at different times” (Keyworker M).

Similarly, FWT were able to repeat and therefore reinforce the work done by other agencies after they had left the family, providing a continuity of approach over a longer period of time:

“It cuts down on the amount of agencies going in. As the families progress and learn new techniques then the other agencies can drop out and we can carry on the work” (Keyworker L)

“Once they’ve learned it then I can build on what they’ve learned and then that agency doesn’t have to keep coming back in again” (Keyworker K)

An important issue emerged in relation to mental health. Some of the mothers had mental health problems, which were not always being officially recognised, but keyworkers said that it was difficult to get a referral to mental health services or to CAMHS (Child and Adolescent Mental Health Services) (Keyworker E). Even if they were referred, however, it was not clear what the mental health services could or would do for them.

Transitions to a Troubled Families Team

By the second round of interviews with the keyworkers in December 2012, a number of changes were beginning to take place within the service as FWT began to accommodate the new DCLG Troubled Families programme. Keyworkers were seeing considerable changes to their working conditions during the period of transition from community budget pilot to Troubled Families Team. Most of them could see that this was a temporary change-over period which would eventually settle down; as one keyworker suggested, “I understand that change needs to happen but the process is difficult” (Keyworker C). There were however some concerns about on-going changes to the FWT model which could impact upon the success of the approach.

All of the keyworkers were finding a considerable increase in the paperwork that was required of them in order to establish the Troubled Families programme in Lincolnshire. This required gathering data on two fronts: firstly about the families they were already working with or who had previously exited in order to evidence whether they met the success criteria for the Troubled Families payments by results; and secondly about new families appearing on the Troubled Families ‘list’. It was noted that “information does not equal evidence” and that some forms of information on a family (such as a professional’s case notes) would not be accepted as evidence for the programme. The new approach requires extensive data gathering about families *prior* to the first meeting between the keyworker and family, and this was seen as delaying the support which families need.

The keyworkers felt that imposing this data gathering role upon them, alongside the normal duties of supporting their existing families, was unrealistic. They complained about how time-consuming this had become and that contact time with families was eroded as a result. There was strong agreement that central administrative support was needed to undertake this work, and that this would actually be a more efficient way of chasing evidence. Keyworkers were all separately

contacting the same professionals from other services, thereby duplicating telephone enquiries which could be collated into a single phone call to gather evidence on several families at once.

Further issues raised by the keyworkers centred on the expansion of the FWT team, potentially up to 40 keyworkers. Some keyworkers acknowledged that this was a good thing, and that it reflected government recognition of the success of this way of working. They were also pleased that keyworkers were being offered permanent positions (with consultation about possible improvements within pay and grading on-going at that point in time). The biggest concern for keyworkers was the possible changes to the caseloads which might accompany the new programme, in order to reflect what DCLG refer to as 'Family Intervention Light'. Keyworkers were worried about the possibility of caseloads of up to 15 families and there was some uncertainty about whether the length of interventions would change to meet the timescales for the Troubled Families programme, possibly with an expectation of 'success' within 6 to 12 months. Keyworkers saw the dangers of the FWT team shifting towards provision of both less intensive and less sustained interventions and described this as "messaging with the model", diluting the FWT approach and therefore reducing its capacity for successful outcomes.

Keyworkers were keen that all of the constraints upon their time should be taken into account when looking at caseload allocation: firstly, the continued time it takes to record work with families within ICS and in the new paperwork for the Troubled Families programme; secondly the time it takes to travel between family homes (particularly for those keyworkers covering more rural parts of Lincolnshire); thirdly the additional roles they undertake, such as acting as lead professional at multi-agency team meetings (a role which families often request they undertake); and fourthly a lack of permanent desk space and the resulting hot-desking at different offices. They argued that justifying a higher caseload because the families had fewer/less complex needs failed to consider these additional time constraints. The family's level of need will not affect the time taken to travel to their home or to record your visit on ICS.

Keyworkers had mixed feelings in relation to the secondments from other services, as these were in their early stages and it was unclear exactly how they would work. However, the seconded personnel were shadowing keyworkers, and this brought its own challenges, again adding to the constraints on keyworker time. One keyworker noted how it wasn't always possible to take the seconded worker into the family home with her as this went beyond the relationship of trust built up with vulnerable families, making it difficult to provide an effective shadowing experience.

The new criteria for accepting families into the programme, based on the Troubled Families payment by results process, was seen by keyworkers as much narrower than the previous FWT criteria, more black and white. As one keyworker said, “it is hard to fit families into 3 boxes” (Keyworker I). There was widespread agreement that the criteria would lead the team to work with more families with teenagers and young adults, exhibiting more entrenched behaviours that would be more difficult to address. Engaging families who have “flown under the radar” (Keyworker G) for so long was seen to be a challenging task and would require particular levels of creativity, as they are “lost families who have fallen through the net 10 to 15 years ago” (Keyworker D). The criteria around employment was suggested by one keyworker to be the most difficult to address (with the parents perhaps even more so than their children), whilst another keyworker explained the difficulties of addressing non-attendance at school where this had been taking place for long periods, pointing out that there was no quick fix and it would take a long time to turn around.

Some keyworkers pointed out that some of the families they had supported through FWT, whilst having considerable support needs, would not meet the criteria of the Troubled Families programme, and that there might be a shift away from children’s services cases. However, it was also acknowledged that where the families were known to social care, the children were more likely to be identified within a Team Around the Child or Child in Need plan, rather than Child Protection. There were concerns that these new families may pose more of a safety risk to keyworkers due to their higher levels of involvement in crime and ASB, and more entrenched difficulties, and a system of risk assessment has been undertaken as part of the new engagement process.

Keyworkers saw the shift in focus to the Troubled Families’ criteria as developing a quantitative rather than a qualitative approach to working with families, which would lead them away from the “touchy feely stuff” or the “fluffy stuff” as it was described by keyworkers, tackling symptoms but not causes. However, for the most part it was recognised that to address these new agendas would require tackling the same underlying problems and thus work would continue in much the same vein. The bulk of the keyworkers’ work was still around ‘fire-fighting’ or crisis management and this was unlikely to change with the new families. Some keyworkers were looking forward to the challenge of working with more teenagers rather than young children, as it played to their strengths. Keyworker background and personal preference therefore seemed to have some bearing on whether the staff felt that this shift in focus would be detrimental to their job satisfaction. In terms of the process of receiving payments for effecting (and evidencing) change in certain areas, there

were mixed feelings, with one keyworker supporting the process, saying, “We know we’re making changes but we need to evidence it because it is costing a lot of money” (Keyworker M), whilst another declared “I’m not thinking about it. I’ll just do what I do”.

The keyworkers had however experienced some positive developments within the team since the first round of interviews, including an investment in training, with all keyworkers having undertaken the City & Guilds Working with Families with Complex Needs course, and with other areas of training undertaken, e.g. around sexual health and pregnancy testing, Triple P, data protection, and panic alarm training. Keyworkers reported becoming more familiar with the ICS system which had previously been a concern, and valued it for its capacity to share data between different agencies, although it was still seen as time consuming.

One keyworker felt that there was improved multi-agency working now that the project had bedded in, and that organising multi-agency team meetings had become more straightforward and quicker. However, this was only really so where she was working with other professionals that she had had previous contact with. Those who had not come across FWT before were still difficult to work with at times, as people still did not understand the family intervention model.

Additional comments

The findings on working in partnership raise important questions about the relationship between FWT and Social Care. Are they working to the same goals or do their aims conflict? One FWT manager suggested that the approach of children’s services was as follows: “We deal with crisis, don’t we, and that’s the way children’s services has done it forever, go in, deal with a crisis, sticking plaster it, and then move on to something else.” This contrasted with the approach of FWT, which was to deal intensively with a whole family over a relatively long period of time. Emergency intervention and crisis management are certainly important but, if the underlying problems are not dealt with, then further crises may well occur.

A key question is: what is a suitable case for Social Care to refer to FWT? One line manager said: “If we continue to get referrals in that are too high and are into child protection and are going through legal panels, I don’t think we have a cat in hell’s chance of proving what we can do”. From Social Care’s point of view, however, isn’t that what FWT is for, namely, to take on the most ‘troubled’ families, where Social Care themselves have not been able to succeed? If a keyworker cannot make

progress with a family, even with the help of other services that they call upon, what is it that they expect Social Care to do (Keyworker J)?

Conclusions

- Families Working Together (FWT) keyworkers had caseloads that were small enough to enable them to dedicate time to families, and therefore to assess their needs fully.
- Keyworkers built trust through spending time with families, and being reliable and non-judgemental. This trust enabled more effective support.
- The paperwork and recording processes which keyworkers were required to undertake were inevitably time-consuming and this reduced the time available to spend with families.
- Keyworkers started 'fire fighting' work with families from the beginning of the assessment period to address urgent concerns and to demonstrate commitment to the family.
- Keyworkers were honest and straight talking with families, but this was only possible because of the relationship of trust that had been established.
- Keyworkers involved families in making the support plan, with an ethos of working with, not doing to.
- However, keyworkers needed to balance family views with the requirements of other agencies, e.g. in relation to child protection issues.
- The most effective support plans were those which addressed the most important issues without leaving families feeling overwhelmed at the size of the task.
- Families did not always see changes immediately but, when they did, change often snowballed as a result of growing confidence.
- FWT had a budget for the keyworker to spend on each family as and when necessary. This was an important resource for achieving change, and keyworkers were thrifty in their

spending, using on average only ten per cent of the maximum budget. They often accessed goods from charities first, and bought from second hand centres where possible.

- Keyworker relationships with other agencies were mixed but had improved during the lifetime of the project. Effective multi-agency working was seen in the practice of joint visits and where communication led to better coordination among services.
- Less effective relationships with services existed where there was a lack of understanding about the role of the keyworker and FWT itself, leading to duplication of work or obstructive working practices.
- Some keyworkers described difficulties in their relationships with some children's services social workers.
- Keyworkers were concerned about the transition to the Troubled Families Programme, and the impact this may have upon the model of intervention that has been developed by FWT.

Section 4: Partner Interview Findings

A sample of representatives from partner organisations were selected from the Project Group and Steering Group constituents. 15 partners were interviewed by telephone during April 2012 and were asked a range of questions about the effectiveness of the service, their experiences of the community budget and the impact upon their own organisations.

Pooled Budgets

There appeared to be strong support amongst partners for the principle of budget pooling:

“I think the pooling of the resources is obviously a difficult one to argue against, it’s obviously a good idea. It’s obviously the fact that all the agencies were working in their own little way spending lots of money on particular families that were causing disproportionate call on resources and yet there was clear overlap between. So, you know, I think the case for working together and pooling resources is one that is not difficult to understand that it’s a better concept than everybody working in isolation.” (Partner E)

However, the overwhelming feeling amongst the partners was that budget pooling was more difficult to implement in practice than in theory, and that the current arrangements were somewhat disappointing, with LCC providing the bulk of the resources. Whilst there was no shortage of organisational support for the project, financial support has been less forthcoming:

“We get the participation but we don’t get quite as much of the funding that we’d like...and that’s the frustration over pooled budgets because we’ve got a number of partners on board, ... who are coming along helping and assisting and benefiting, indeed, from the outcomes of the project but it isn’t a big enough priority for them put their hand in their pocket.” (Partner A)

“Well, I think it’s an aspiration at the moment. I think all the partners think it’s a good idea, but the practicalities of achieving it are quite challenging” (Partner B)

Some of the partners expressed concerns about cynicism within the budget pooling arrangements, e.g. that some services might purposefully enjoy the benefits of the project whilst letting others contribute financially, and also around the need for such levels of financial contribution. Given the under spend in the service at that point in the project, there were feelings that the budget pooling

was asking for too great a contribution, and even that it might be being used to plug gaps in LCC finances.

“I think there’s some small organisations, maybe not consciously, they’re almost taking a cynical view of, “We don’t really need to pay for this because we’ll benefit anyway” (Partner E)

It was seen as a particularly difficult time to implement a pooled budget, given the restrictions on budgets already experienced by the public sector, and there were some sympathies with services operating within this climate.

“it’s been difficult I think and I’m sure it’s been more difficult for other people than it has been for me, but I think getting buy in from organisations has been difficult because obviously in this particular current climate everybody’s facing cuts” (Partner K)

“And, obviously, there’s pressure on the Local Authorities – we appreciate that. There’s currently pretty severe pressure on the budget... So you can see why people would want to be clear about any savings they were making before agreeing to contribute, I suppose. “
(Partner B)

“However, regrettably with the financial climate, it’s not that easy and you’re almost like you’re speculating on money that you might save, as opposed to money that you’re sure you’ll save and if you save the money, they’ll take the money off you (laughter). Yes, yes it’s all good stuff really.” (Partner D)

Some partners explained the reasons why their organisation was not contributing to the pooled budget:

1) They could not see evidence of the savings for their team, particularly in the short term:

“So the actual buying, the physical hard cash buying of other partners has been very limited, and that remains a major challenge moving forward, because how do you convince people that this is cost effective? The evidence, clearly growing, is yes, it is. When we look at the cost avoidance, look at how much money is saved by this approach of a single co-ordinator, but it still seems to be a leap of logic and faith for organizations to, then go yes, we absolutely agree and we will come into the table with you and fund this project in a formal manner, that’s still a problem. “(Partner C)

The term 'leap of faith' was used by a number of partners to describe what they felt they were being asked to do. However, as Partner G acknowledged, "as budgets are contracted, leaps of faith are difficult to argue".

2) It might actually lead to increased costs for some services, such as in the areas of health and benefit provision and some third sector organisations. For these services, there were concerns that a financial contribution might be unmanageable given the potential increased demands upon their service:

"So essentially we're paying almost twice. We're paying into Families Working Together and we're paying for the services and the increased activity" (Partner J)

3) They contributed economically in other ways, e.g. one of the housing partners supported the development of Family Intervention Tenancies for which they provided staff time on the project and legal/administrative support. Particularly for smaller and voluntary organisations, this was seen as an alternative means of contributing:

"initially, we were down as making a financial contribution and actually we don't have the finances as such that we can contribute, and they acknowledge that and ... I think there was a bit about my time and potentially others as part of that" (Partner D)

4) They were waiting for others to contribute first, particularly the district councils. There was an element of politics here as the various organisations had their own perspectives on who should contribute first.

"I think the other problem for some of the organisations is whether the contributions from the Local Authorities have been made, and are going to be made, or not, on the basis that some of the Local Authorities have contributed and some have not..." "Well, if my District Council that I work in mainly is not contributing, why should I?" is, I suppose, the typical stance...which you can understand, yes. And I think it would be much more helpful if all the District Councils had the same approach to it." (Partner B)

Similarly for those partners who did contribute to the pooled budget, there were some feelings of frustration that others did not do so. This was particularly so where the evidence became available of non-contributing partner agencies seeing cost savings:

“One of the issues we have still with this, on the too difficult pile, is a lot of the cost avoidance is through organizations that aren’t necessarily on the table or prepared to commit resources. So, for example, we know that working in this way will take people out of housing benefits and employment benefits, yes? ...But the people who control that money aren’t giving us any of that cash to fund it, even though it saves them, yeah? And at what point will the government turn round and say, “Well, actually, we’re going to flesh it out and give it to...”? So, as a children’s service, you know, traditionally, if I’m providing a service it’s about children, so if I’m cost avoiding in adult criminal justice system, and cost avoiding in housing benefits and employment benefits, I see no reward for that because it’s not my money I’m cost saving. I’m spending the money to avoid that, but they’re not paying for it.” (Partner C)

There were concerns that the funding arrangements might therefore be unsustainable and might not be the most cost effective way of providing such a service in the long term:

“For two reasons, I think, one, because financially it’s just completely at a time when we’re under enormous financial pressure to do all the other things we have to do, we can’t go on subsidising others, and secondly, because, in simple terms of we’re a political organisation first and foremost, and political priorities, if they’re not seen as being matched by partners, will soon cease to be priorities.” (Partner A)

Whilst there might be the potential for increased funding by the remaining partners as the positive outcomes of the service emerged and the possible savings for their own organisation were demonstrated, a number of partners favoured a more formal approach to budget pooling, with an element of compulsion attached. This could be either at a local level or directly from central government, so as to ensure that those involved in the project made a financial contribution proportionate to their budget.

“...but for this to be ultimately successful moving forward, it needs a mind-set change around how things are budgeted and commissioned. So, rather than us trying to do it by persuasion and cajoling people along, “Come on, you know this is saving you money,” there needs to be a more formal approach, in my view, to that happening.” (Partner C)

“So, the deal should have been that all of agencies involved all had a proportion of their budget, if you like, extracted and put into this pot so that it was forcibly pooled. I mean, I wouldn’t use the term forcibly pooled anywhere else, but that ultimately is a sense of a community budget.” (Partner A)

“It would have been a lot easier if a budget had been top sliced from the various organisations at the outset from a central government point of view.” (Partner I)

Anticipated cost savings for partners

All partners agreed that there was the *potential* for cost savings in their organisation to be achieved through such family focused interventions, although they were not necessarily evidenced at present.

In the area of housing, for example, these included the reduction in legal costs when undertaking eviction proceedings, the reduction in staff time dealing with complaints from the community around anti-social behaviour and in chasing rent arrears, and a reduction in the costs occurred when the housing stock is poorly maintained or damaged. However, landlords might also be asked to take on board new tenants involved with FWT who they had not previously had in their property which might bring new challenges and demands upon the service.

For some services it was less clear how they might see such a return given the nature of the service they provided and their target clients. For example within the probation service the client base was dominated by young males who might not fit with the FWT family oriented focus:

“I’m making generalisations here but they don’t tend to be part of what you might describe as a typical family situation, so they may be involved in relationships, they may have children, but they don’t tend to be living in part of that family. So I think for them seeing the kind of impact of families working together is more difficult, and I think that’s perhaps where some of the struggles are in terms of understanding in a tangible way how this can impact on the services that we’re currently delivering.” (Partner K)

Partners did, however, accept the fact that the return on their investment was neither automatic nor immediate and this did not affect their support for the aims of the project.

“So, it isn’t a case of if you put this amount of money you’ll get a return with interest that’s automatic. What you should get is an ability to see that your problems and your bill is lessened for the future in that particular area of that family’s problems that you as an agency are concerned with.” (Partner A)

One potential problem for partners was that any cost savings were likely to be marginal given the small number of families supported by the service in relation to the extent of the services provided

across the county by the various partner agencies, although there might be greater opportunities for up-scaling with the wider remit of the Troubled Families programme.

“ultimately these are only marginal costs anyway, ...until you’re doing it on such a scale you really start to make inroads into the system. I mean, one person less turning up at A&E tonight isn’t going to save the NHS a penny, but if 100 people less turn up in a week perhaps you staff down a bit. (Partner A)

Impact on partner organisations’ workloads

Only one of the partners appeared to have evidence of a reduction in workload for their colleagues as a result of FWT involvement. Even here, the impact was only temporary and, following FWT exit, they were required to increase their workload once again.

“...there was definitely a reduction in the time on our officers going to that family, so where we were visiting on a weekly basis, we didn’t need to do that. We have, now, started to put further visits in, because the Families Working Together team have pulled out.” (Partner O)

Another partner suggested very tentatively that they expected to see these sorts of reductions but that they were difficult to evidence at present:

“It’s been very difficult to measure. Certainly the feedback I’m getting from my housing management team is that the project and the workers working with the families they are certainly helping, and they’ve reported back, from their perspective, there have been a number of successes... It may well be that it’s a couple of years before we begin to see that manifesting itself on less call on our housing staff, less repair work, less intervention from an eviction or an arrears recovery perspective etc” (Partner L)

A number of other partners expressed their expectation for such reductions in workload but with no evidence of them within their service.

“...logically it should. If it doesn’t, then it’s defeating the object of the project” (Partner G)

“Well, I can’t tell you if it does, but I can say that it should” (Partner B).

“I haven’t any experience. I guess what I would say is I would anticipate it would have” (Partner D)

Partner E summarised the difficulties in evidencing workload savings as it involved a prediction about how much service involvement a family would have needed without FWT intervention:

“So I suppose you could sit down and say every case has gone through FWT otherwise we might have evicted, but you can’t... that’s a difficult one because can you really say that you would have evicted? You don’t know. So, yeah, hand on heart, I’d say, yeah, there’s been some savings with it and I guess on the ground, you know, the service has improved the life of a number of families. Whether I... I couldn’t sit down and justify that on a piece of paper.”
(Partner E)

There is, however, recognition from many of the partners that any reduction in workload will be a long term prospect, and that in the short term there could be an increase in work for partner agencies. For example:

“we would still continue to have the contact that we would normally have, regardless of the fact that there was a caseworker. Where the benefits would come in is hopefully both the caseworker and our advisor would be working with the individual in the same direction rather than pulling them in different directions, but we wouldn’t save anything there. It’s only once the person has actually moved off ...that we would actually then free up some of our advisory time to take on another customer. “ (Partner I)

“We signed up on the basis that you need to invest in front loading to get the benefits out of the back. It’s not a quick win; it never was going to be a quick win. We’ve had a number of quick wins and they clearly don’t work. So there has to be a recognition that it isn’t going to happen overnight” (Partner M)

“But in the longer term, one would imagine,...if you can make them independently sustainable and resilient, then that will be a massive reduction in service demand, won't it? (Partner F)

“it would come as no surprise that in putting a keyworker in place, you will have a whole load of unknown or unrecognised needs that need to be addressed as well in the very short term, and then it goes up.” (Partner G)

In addition, one of the partners reminded us of the potential increased costs associated with supporting the keyworkers themselves as they engaged in such intensive and hands on support with families. They became more involved with the families and felt more responsible for them. The

complexity of the issues also became more apparent and there was a greater need to discuss the cases with a line manager.

One partner, however, talked of evidence from previous initiatives, such as Sure Start and the introduction of the Common Assessment Framework, where the same debates were raised about the possibility of generating additional work for services, but where such fears proved unfounded:

“You know, the premise is you’re wasting a lot of time in these families, duplicating and trying to engage people who don’t want to engage, and that generates all sorts of extra work.

Whereas, actually, what we know, in general, if a client engages with us, then the workload is less.” (Partner C)

There is some anecdotal evidence of the duplication of work between FWT keyworkers and partner agency professionals: “There will, no doubt, be some crossover” (Partner M). This was seen by Partner F as partly the result of a lack of awareness of the service within other teams, which may have been a more considerable problem at the outset of the project. However, it also reflected a general trend across public services to promote more multi-agency ways of working and holistic strategies for dealing with social problems. For example, the probation service Integrated Offender Management programme or the Youth Offending Service might work with certain family members in relation to their offending behaviour, but these services addressed wider lifestyle issues for these individuals which might reflect the FWT approach. One challenge for FWT keyworkers was to co-ordinate services in a way that identifies the work being done by others and does not replicate such work.

For one partner, some overlap or duplication was seen as inevitable because of the structure of the service:

“Because that’s what it is at the moment, isn’t it? It’s a project, it’s funded, and it’s got a team that’s working together on top of the existing agency structures and organisations. It’s not embedded. And those agencies and organisations have not actually pooled staff or anything else of that nature” (Partner L)

For some partner services, it was acknowledged that successful FWT intervention could only lead to an increase in workload, and that this was not an undesirable outcome. For the partner from Job Centre Plus, the additional take up of benefits by these families was a clear positive outcome but did not produce a reduced workload. Similarly within the area of public health, it was identified that

positive outcomes might lead to fewer Accident & Emergency admissions, but there was also likely to be a greater take up of other health services, such as GP and dental appointments, and smoking cessation or weight management support. For some third sector organisations, FWT intervention could mean additional demand and indeed funding for their service which they valued in these difficult economic times. Barnardo's, for example, have been commissioned to provide a family befriending and support service to work alongside FWT, and other voluntary organisations would like to make similar contributions.

Impact on cooperation and joint working

There is evidence, from a number of partners' responses, of productive multi-agency relationships being built, which are of benefit to the different services as well as to FWT:

"In terms of joint working, I think those people who are participating see the value in it and are getting something out of it. I'm not hearing any criticism by any of the participants of the project or any desire to fade away." (Partner A)

There has been a useful opportunity for services to learn more about each other and the role that they each have to play in supporting the same cohort of people:

"Yeah, I mean, I've got a good idea how probation works, they have a good idea how we work, but Health and Housing very rarely meet so it was good from all aspects, I think, that that crossover worked quite well. We all understood where we're coming from a little bit better." (Partner E)

"But at the end of the day that's sort of partnership in action really, it's people saying, "Yeah, I see your point, let's try something else," rather than saying, "Sorry, this is the way we're doing it" (Partner E)

"I do think that it's been good in terms of relationships with, you know, Housing Association and District Council and all those bits and pieces" (Partner D)

A number of partners indicated that they and their staff had already been involved in multi-agency co-operation as part of their roles prior to the project and therefore had already built up some excellent relationships and support networks: "We were always working in a multi-agency approach with a lot of the individuals anyway, and a lot of the relationships were already forged" (Partner M).

Through, for example, Supporting People tenancy contracts, through the TAC and CAF (Common Assessment Framework) process and safeguarding arrangements, and through the Integrated Offender Management system, multi-agency teams have become a common feature of public services within Lincolnshire:

“I think there’s a good practice in working together in Lincolnshire on a number of different projects that stand us in good stead for that.” (Partner F)

Although for some professionals multi-agency working might come less naturally and require more of a nudge in the right direction:

“So I think... I am certainly asking my people to work with the Families with Complex Needs team as positively as possible, because it is only going to be small numbers for us, and it shouldn’t really make a problem for them. But it is probably something I would have to ask them to do rather than it would just come naturally, I think.” (Partner B)

Not everyone had had positive experiences of partnership working with FWT, and there was an awareness that the practice is sometimes different to the theory: “And it’s that that I find frustrating about partnership working, that people see things in boxes, and then go off merrily doing what they’ve always done” (Partner C).

Where problems occurred they were attributed to two factors. Firstly, they were attributed to lack of understanding of roles: “staff are not always... I guess they’re not totally aware, they know there’s this worker involved but they’re not too sure what they are doing and vice versa.” (Partner D) This might relate to the role of the keyworker but also lack of keyworker understanding about the specific role of the individual partner in what could be a very large agency or department with numerous arms and activities. Secondly, problems were attributed to weaker relationships with other agencies and professionals. The ability of organisations to co-operate is founded upon the personal relationships of the individuals working for them and the quality of these can be variable. Moreover, in the early days of the project, relationships had to be built and negotiated, and this might have led to some difficulties in the early period. As one partner commented:

“..some of the ways that the project was collated at the beginning did not foster good relationships.” (Partner F)

Communication is central to co-operation, and yet this was an area where it was felt that improvements could be made, both in terms of listening to the partner agency’s account of the

problems with that family, and informing the partner agency about any changes or incidents as soon as possible so that they could act as necessary (Partner O). Similarly, communication is important with regards to events taking place or intervention opportunities which keyworkers may refer into. Supporting these sorts of activities was only possible if the keyworkers knew about them:

“we’ve got lots of interventions across the county ... I mean, I guess probably the most positive thing we could do would be to make sure that actually the Families Working Together workers know about those and make sure that actually they can maybe push them into that referral system” (Partner J).

The nature of the communication between the various different agencies is also important in fostering effective co-operation: “They tend to take a very defensive approach to us, as if they are the [family] rather than as if they are a third party who’s got an interest in the [family], and should talk to us in a more organised way” (Partner B). More one to one discussions between the keyworker and a specifically allocated individual from the partner organisation would appear to be most useful so as to work more closely together. It seems that in playing the ‘good cop’ role, the keyworker was perceived as leaving the partner agencies to take the role of the ‘bad cop’, rather than being straight with the family in the first place, e.g. in giving bad news with regards to a change of accommodation or access to other services: “they could say that to them just as well as letting us say that to them – that’s the way it is.” (Partner B).

Another concern was that the image of the service was one of representing the interests of children’s services over and above the partner agencies: “I know a lot of the partners... originally ... involved have backed off because it was seen as very social services orientated” (Partner M).

Ensuring that the service appeared to be serving the needs of all the partners was vital to securing their active practical co-operation.

“If you want your partners on board you’ve got to go out there, you’ve got to provide a service and you’ve got to sell it. They’re coming across at the moment like they’re doing us a favour. And it’s the wrong approach.” (Partner M)

“Well, I’m not sure how we’d get all the other agencies properly on board unless they felt that... the thing was being done in such a way that it made sense to them and their outcomes.” (Partner A)

Bureaucracy and data sharing

There was little evidence that the FWT approach had had the impact of reducing bureaucracy amongst the partner agencies:

“I understand that it’s not a question of reducing bureaucracy it’s about making it work and cutting down on the timescales and having duplication and so forth. Because [the keyworkers] are at a place where they can cut through it at an operational level, I don’t think it cuts down any bureaucracy at that the macro level, if you like.” (Partner A)

“there will be more information available – but I can’t see it reducing the bureaucracy, other than if it helps to stop processes happening in the first place.” (Partner B)

Indeed, given the levels of data collection and reporting required for the purposes of the Community Budget pilot, there was the potential for an increase in bureaucracy:

“I think the local authority’s in a really awkward position in that they have to report because it is a... it’s a pilot, you know, because it is involving all these other agencies, who are all wanting to know what money are we saving, what are we spending, what’s it doing and loads of detail. It’s there, but ironically enough you then have to create posts and one of the questions that was asked in the early stages is you’ve got, I don’t know, a couple of information officers and, you know, different people doing almost like data collection and sort of analysis, which I understand the logic for but it’s quite an expensive... yeah it is expensive and in the longer term you think well surely you’ll be better placed paying for more workers.” (Partner D)

Data sharing appeared for the most part to be effective and did not provide significant barriers to multi-agency co-operation (“It’s not presented any obstacles for us.” (Partner K)) Partner agencies saw the benefit in contributing information whilst also demonstrating a commitment to protecting data. There was an acknowledgement that data sharing had significant advantages and that protecting an individual’s data might not always be in their interests, such as the example given by one partner of a woman subject to a serious domestic assault which might have been prevented if data had been shared between agencies. Therefore the difficult task of balancing the families’ right to privacy and protection of their data with the provision of effective family focused services is central to the project.

A number of partners acknowledged that data sharing was “...not as good as it could be” (Partner F) and that improvements could be made in this area. However, it seemed that this had been more apparent at the outset of the project:

“I know it bedevilled the early days of the project.”(Partner A)

“I know we had a lot of problems at the beginning” (Partner F)

Although for some this seemed to be an on-going concern (“We always have problems about information sharing, and data sharing, and who’s agreeing to delivery of what.” (Partner C)), it appeared that, through considerable efforts and co-operation, the issue of data sharing was now substantially less problematic. This appeared to be due in part to the improvements in partnership relationships that have developed as the project has progressed.

However, as a number of partners suggested, the challenge for staff was to ensure that this improvement in data sharing did not occur to the detriment of the protection of the rights of vulnerable individuals and that willingness to co-operate did not produce less robust data sharing arrangements:

“I mean, there has always been a willingness to cooperate at ground level between agencies and, if I’m honest, I have to say that in some cases the data protection issues may not be as robust as they could be” (Partner L)

Central to this was the design of data sharing informed consent forms specifically for use within partner organisations. Effective co-operation between agencies within the project has enabled such consent forms to be used in a number of contexts and there was evidence of attempts to minimise bureaucracy in respect of data sharing so as to enable a more efficient service delivery.

“We’ve got the Information Sharing Agreement in place now...The Data Protection Act and the sharing of information, there’s guidelines around it. It shouldn’t be to prevent it, it should be to ensure that there’s checks put in place, checks and balances, that it’s not going to the wrong place. So as far as we’re concerned...if an ISA is in place, and it’s there for the right reason, then we are more than happy to share that information as long as the consent has been obtained. And we’re working with Families Working Together on the basis that when they come into the project, they’ve obtained that consent in the first instance so we’re not even asking for specific consent on each request that they send in. So our ISA is written in such a way that that consent is already there, and should it not be then it will be for Families

Working Together to explain why that is. So we've basically tried to reduce the amount of paperwork and breakdown any barriers that sometimes appear with this data sharing that we get. It's not always the case with some partners but that's the approach we want to take.” (Partner M)

However, some partners still had concerns about the broadness of the consent form used and the extent to which it should make more specific statements about the data to be shared, the destination of the data, and the purpose of sharing it. Given that the families involved in the project are by definition vulnerable and may not understand the implications of data protection issues, there is a considerable obligation upon FWT to ensure that any data sharing informed consent form is sufficiently robust and appropriately detailed.

Some partner agencies were subject to more rigorous data protection regulations to which they were committed to adhering. Differing levels of restrictions upon data sharing across the various partner agencies therefore acted as a potential area for disparity and conflict between partner agencies. They could be interpreted as the result of unhelpful individuals or unnecessary professional pride rather than externally imposed restrictions. These issues were discussed in relation to partners within the NHS, due to stringent patient confidentiality requirements, and health organisations were therefore perceived as more problematic “with health not wanting to share data, or not being able to share data” (Partner F) and a perception that “they hide behind patient records” (Partner C). However, health representatives pointed out the role of the Caldicott Guardian in NHS organisations as being not just an additional tier of restriction, but also a useful mechanism in enabling data sharing whilst protecting patient privacy.

One of the strengths of the FWT project is that in spite of these challenges there was considerable will amongst the agency representatives to overcome these difficulties and to work together to ensure the most effective processes for sharing data.

“But at an organisational level, you know, there shouldn't be any restriction on data sharing if it's necessary from any of those partners and, I mean, I have said to my people that if they continue to have problems with it they should let me know and I'll go and I'll beat on the door again.” (Partner A)

“My own belief is most of that can be overcome if there's a will to do so, but sometimes we have different clashes of wills, so that is a problem, but it's not a problem that can't be overcome.” (Partner C)

Sharing information about the progress of families was supported by shared information systems such as the Integrated Children's System, but where other agencies used alternative systems, such as Sentinel, there was less opportunity for a formal sharing of data. Reporting of progress then relied more heavily on the informal communications of keyworkers and other agencies involved with the families. This was supported where different teams shared buildings or office space, so had a daily opportunity to discuss cases.

In addition, data sharing sometimes required organisations to collect and report on data that they would not ordinarily collect. This provided an additional burden for already overstretched services: "what you've got to do is convince people of the reasons why we need to have it and the long-term benefits of doing it. But that's not always easy when people have got so much to do" (Partner K). It was acknowledged by one of the partners that the fact that FWT was running as a pilot provided an additional layer of data collection in order to be able to calculate costings and therefore demonstrate evidence of savings and efficiency.

Data protection issues were also perceived as having an impact upon the ability of partner agencies to refer into the project as they might not hold sufficient information within their system to enable them to identify suitable cases which met the referral criteria. This could therefore act as an obstacle to effective referral from the full range of services, and contribute to the perception that the project favours referrals of a certain kind.

Perceptions of Power and Responsibility

There was evidence that LCC as the majority funding partner held considerably more power to direct the future of the service. As one LCC partner pointed out:

"Well, there's a budget and since we contribute nearly three-quarters of it we pretty much direct it, but in conjunction with our partners at other agencies, I haven't heard any criticism from any of the other funding partners that they think they're not getting their money's worth out of it. But I think since we are putting in three-quarters of the pot then we will continue to be the, you know, the dominant agency in determining how it's spent."

One partner described how there were likely to be differing levels of interest and support for the project, as other agencies also had their own government directed objectives and targets to meet:

“It’s because they have distractions elsewhere, I’ll give you an example, it’s not an example locally massively, if a Chief Constable says, “Look, this is really terribly good and I’m fully supportive of it, but actually it’s not helping me meet any of the targets which Her Majesty’s Inspector of Constabularies is expecting me to meet and I’m falling short on those. So I’m sorry I’m going to throw the money at the targets I’ve got to meet rather than these things however good they might be.” (Partner A)

Whilst there was the potential for significant power differentials to exist between funding and non-funding organisations in setting spending priorities, this did not appear to be a concern at present:

“I think if push came to shove, those agencies that have contributed and contribute will be saying our priorities are more important than anyone else’s priorities. As yet, that’s not happened” (Partner G)

In fact, the partners mostly described a partnership process which they felt was fair and provided equal opportunities to contribute to the organisational aspects:

“we’ve not excluded anyone, whether they’re a funding partner or not. So there is a clear steering group, and people are engagingly involved.” (Partner C)

“I don’t get a feeling that there’s any tiers within the organisation side. Obviously, the County Council is a lead partner because they employ the people who are dealing with it. But I feel that I can have an input at a meeting, and there are various people represented on the steering group and also the project group, so I don’t feel like I’m not able to raise any issues or anything.” (Partner B)

One stumbling block to effective equal partnership, however, centred around the issue of family referrals, which was seen by a number of partners as having been dominated by children’s services, although they were aware that this was partly a result of the way in which the project was initially set up, the strategic location of FWT within children’s services, and the lack of understanding on the part of some partner professionals of the service that was being offered.

“And I think probably, when it first kicked off it felt a bit like it was a local authority programme and I don’t think we necessarily got off to the right sort of partnership working to start off with.” (Partner I)

Unfortunately, as one partner describes, there was then the risk of this becoming self-fulfilling as the service became perceived as a children's services project and other partners became more reluctant to refer into and utilise the service.

Similarly, where organisations from outside LCC had different regulatory frameworks and priorities to consider, one partner described a perception that these were not taken seriously and the services were interpreted as being unhelpful. Understanding the constraints upon others is therefore key to ensuring equal partnerships emerge:

"It would have been helpful if we'd had joint communications going down the various government agencies and departments so we could see what the others were being told, what the limitations, what the agreements were. Because at a number of the local steering group meetings it almost became like, oh, the NHS is a naughty person, or DWP was a naughty person because they weren't doing this locally but it was just our hands were tied. So I think it would have been useful for all if we could see what each other's remit was or limitations were. (Partner I)

Furthermore, different services had differing expectations of the management of the project and the budget which might lead to dilemmas and dissatisfaction:

"I think it's about the management of the budgeting – it seems to be less robust than we would apply to our own organisations, let's put it that way." (Partner B)

Central government influence and the Troubled Families programme

Partners were unclear about the degree of central government prescription and control over the project (and correspondingly the degree of freedom experienced by the service to direct its own agenda), although they recognised that this control had increased during the lifetime of the project, particularly with the rolling out of the new Troubled Families programme, which has moved FWT away from the original concept of a *community budget*:

"Well, it started off with an immense amount of freedom and it was basically go and get on with it, and there's no Central Government" (Partner A)

"So I think it's not free of government challenge, but we have got to report those figures to them, and they expect us... they've been down to visit us, so they are keen!" (Partner B)

“So the overarching kind of outcomes were more or less prescribed about how you did it and tied it to local determination, which I think is quite appropriate. But then the Troubled Families element appears and again, I’m a bit distant from it but it appears to have overrun it. So we’re just completing year one of a two year project, working with, at any given time, 50 families and there’s a target, I’m told, of 1,300 families for Lincolnshire... so whilst the performance reporting is appropriate and the level of prescription is appropriate, the political agenda is steamrollered through a different world altogether.” (Partner G)

However, the partners tended to agree that so far any intervention from central government had not been problematic for the local operation of the service:

“so far I don’t think we’ve seen any unhelpful intervention from that central unit, although we haven’t seen too much helpful intervention either” (Partner A)

Indeed there was awareness that local priorities were generally a reflection of national priorities in any case. As this health professional commented:

“the current government is very much into localism, however we do still need to see reductions, national reductions, in health inequalities, in childhood obesity, sexual health, all of these are not things that are going to go away. To be honest, whatever we’re doing a local level will have an impact and will be mirroring what we should be doing at a national level anyhow”

The partners had some reservations about the move to payment by results that has accompanied the wider roll out of the Troubled Families programme, on a number of levels. There were fears that imposing a “one size fits all” approach to measuring progress is unhelpful (Partner A). In particular one partner pointed out that this could lead to the neglect of families with particularly entrenched social problems and a preference for dealing with those more amenable to change:

“if we’re not careful everybody tries to cherry pick the easy results and what I’m saying is we do need to recognise there’s a cost implication to helping the most disadvantaged, most troubled families and the funding needs to be there at the right level in order that we do tackle those families, because if we don’t... they could actually disappear off everyone’s radar and be in an even more vulnerable area, shall we say, in terms of crime, anti-social behaviour and the like.” (Partner I)

The shift to payment by results was also seen as having a potentially negative effect on the interventions themselves, as certain aspects of the families' lifestyles became prioritised in order to access the funding:

"What it gives rise to, of course, is a new way of looking at things and the inevitability of, or the danger I suppose, of adverse behaviours; where to achieve the payment by results element, not necessarily the most rounded holistic approach is taken." (Partner G)

The outcomes for which payments can be claimed were also seen as problematic from a partnership perspective, as the focus on a small number of issues might produce more economic benefits for some partner organisations than for others:

"but you still need to get partners to understand their role in it because, again, the bit that they're not quite getting is the local authority are doing this from a partnership perspective. It's not a children's service. So, there are some benefits to me as a children's service, working in partnership, but most of the cost avoidance belongs to other people." (Partner C)

Care needed to be taken, therefore, not to equate success in terms of the payments by results criteria with successful and sustainable outcomes for the family more broadly. Partners agreed that one of the most valuable functions of the keyworker was that they addressed the problems that the family wish to deal with as a priority. An externally imposed set of 'problems' to be addressed, therefore, runs counter to the original ethos of FWT as family centred.

Concerns were also raised by the partners around the question of which families they will be asked to work with, given the identification of 1370 'troubled families' across Lincolnshire. How these families had been identified and the extent of the problems experienced by the families was very unclear. One partner used a football analogy to explain his interpretation of this extended remit:

"I thought it's like the Premier Division,... it's only 50 or 60 or whatever, and then this is the First Division, if you like, of the next lot. So whether it includes the first lot as well, I'm not sure, but it was certainly a wider cohort of people who, presumably, get flagged up because they're either already known to the police or known to Social Services or known to Health" (Partner B)

Partner H therefore posed the question of how the service might construct a mechanism that helps families with complex needs not only at the very top end of the spectrum, but also at the levels that

sit beneath that, and whether a different range of key agencies and services might be needed to collaborate on this.

For some partners the payment by results process was seen as inevitable, as they recognised that it is an increasingly common feature across local government and services. Indeed it was acknowledged by Partner D that the local authority had used such performance related contractual arrangements with voluntary organisations for a number of years.

For those who had already experienced similar funding processes, the levels of accompanying bureaucracy were seen as a problem, which may also discourage other agencies from agreeing to be part of such a multi-agency project:

“It’s similar in that we’re working with similar families really on that project and the red tape and bureaucracy on that, because that is paid by results,...it’s a bit of a minefield and it’s took us probably longer to set that side of things up than it has actually working with [the] families... and the paperwork to complete on that is quite immense. So I would be a bit worried about that aspect of it” (Partner E).

The benefits and drawbacks of shared service design

A number of benefits of shared service design were articulated by the partners. It was seen as encouraging the pooling of resources and the efficiency savings that might come with that. Other agencies could be brought on board as funding partners because they felt that they had a degree of influence over the project, so this would help to ensure that their needs were being met. The requirements of the various partners seemed to be largely compatible and their requests were not perceived as unreasonable or disproportionate.

The core advantage of shared service design is the ability to avoid duplication of workload where a large number of agencies are involved with a family. Not only does this have the potential to produce cost savings, it also enables more effective communications with the family:

“Well, I think there tends to be a lot of duplication and wasted effort if you all work individually, and we end up chasing each other round to find out what each other are doing with a particular family. Because the families, by nature, are going to possibly not understand all the messages that they’re getting from various organisations, and you tend to get, not played off, exactly, but you get a different message from the individual family as to what

maybe Social Services have said, and then we then have to find out who in Social Services it is and say, 'Well, what is it you're doing?'" (Partner B)

It was also noted that lack of co-operation between agencies could also lead to agencies pulling in different directions, with conflicting interventions provided within a family. For example, as one partner described, a housing provider's policy of evicting tenants causing anti-social behaviour in the community could be at odds with the work being done by children's services or the youth offending service in maintaining a stable home for the children. As one partner described, "until we start working together, it's quite easy to see where you could actually be working against one another" (Partner E).

Partners agreed that shared service design allows for a single point of contact with a more holistic view of the family's needs, which should in principle produce better outcomes for the family. It prevents families slipping through gaps in provision where all agencies are able to claim that it is not their responsibility. A co-ordinated service therefore acts as a bridge between the family and other agencies who may be taking a more enforcement based response and allows a relationship of trust to be established with an individual worker. As one housing partner commented about the families they encountered: "if you were the family at the receiving end of that you were very often dealing with a myriad of people rather than someone that you felt you could develop a relationship with and a degree of trust"

Three potential drawbacks of shared service design emerged from the partner interviews:

1) There were concerns about the unequal contributions to the pooled budget and the unpredictability of future contributions, given the diverse agencies involved:

"no matter how successful the project might be, unless it is meeting everybody's success criteria on every single year, then you're always at risk of people choosing not to contribute at all and simply freeloading on it, or pulling out when things get tough and they've got money to spend on elsewhere" (Partner A).

2) There were concerns about the ways in which agencies might be expected to give families within the service some form of differential treatment, such as making them a priority on a waiting list. This rule bending is seen as running counter to the principle of equality usually actioned within public services but is seen nonetheless as important for the progress of the family:

“Well, the drawbacks are that we do have to, as I said, bend the rules for them a little, which is not something we like to do because we like to show people that we apply our rules equally to everyone, although we do obviously have a prioritisation type policy, but these people don’t fit into it, if you like. So there is that, which is a little uncomfortable, but given the small numbers, I think it’s worthwhile trying it this way” (Partner B)

3) A number of partners discussed the fact that their involvement in the project is time-consuming, and therefore an additional burden on themselves personally and on their service more generally. Given the wide geographical locations of the partners, there was an inevitable amount of travelling across Lincolnshire for Project Group and Steering Group meetings, etc, as well as time outside these meetings in order to fulfil the role of agency champions.

Referrals and identifying families

In evaluating the success of the service, one vital consideration is the suitability of the families for that service. A very common theme emerging from the partner interviews concerned the issue of referrals and the criteria by which families were identified and accepted for support. There still seemed to be some uncertainty as to whether the right families were being targeted and how that might impact upon evidence of success:

“I don’t think the steering group is in a position to say yes, we’re working with the right families or no we’re not. So in that respect, from where I’m sitting, it is a little bit... it’s difficult to say whether the project is achieving the outcomes it needs to achieve with the right families or whether it’s achieving the outcomes it needs to achieve with families that would have achieved it anyway.” (Partner G)

In general, partners acknowledged that most of the families identified did have complex needs and did benefit from support. However, some partners wanted to make more referrals from the families that they had as their client base and did not always see the referral criteria as enabling them to do that. For the Probation Service, for example, the referral requirement to have children living in the household acted as an obstacle to the inclusion of the large numbers of estranged fathers that they encountered, or, as the Probation Service partner described them, “a drifting population of young adult males that wreak havoc, but just don’t stay long enough to be captured with the Families Working Together referring criteria”. Alternative systems such as the Integrated Offender Management programme were therefore provided to do a similar job to FWT with a slightly different yet overlapping cohort of individuals.

There were also concerns that where the service was perceived as reflecting the interests of one agency over others (particularly given its location within children's services), this might prevent referrals being made:

"Well, I know there's been lots of work done at a strategic level around sharing information about what Families Working Together is, I know there's been lots of presentations at the outset to different agencies, to different groups, but I am not clear whether that message has got from the top to the bottom in all of the agencies and I suppose that is kind of reflected in the referrals and where the referrals have come from, and perhaps some misunderstandings about referral criteria and perhaps a bit of a complicated referral process." (Partner K)

There was also the concern that for some families the help came too late, as support needed to be in place before some of the behaviours occurred that triggered referral. From this perspective, FWT should be working at the lower end of the scale to tackle problems more pro-actively before they become entrenched and difficult to resolve.

Effectiveness of the FWT approach for family outcomes

"I hoped that that was what the Families Working Together project would be all about. In getting in there, intervening, getting them engaging with the right people, putting them on the straight road, and keeping them off the merry go round. ... What I would say at this time is that I am not sure it is achieving that.... I personally... cannot say that I've seen absolute benefits that it's achieving that. Certainly, for two of the families, I can honestly say no. The other families are still being worked with, but certainly for two of those families, I can honestly say no, it's not achieved anything, apart from provide those families with some bits and pieces that they needed, at the time that they needed it." (Partner O)

Some partners found it difficult to provide solid evidence of the effectiveness of the service. For some of these, this was simply because their service felt on the margins of FWT, and they personally had not had contact with the families referred into the service:

"Well, to be truthful, I don't think we've had very many, at the moment, of our customers who have been involved. The only ones that I know about are where we'd had customers put forward by other agencies, and we've been asked to give our information about those customers so that they can make a judgement as to whether to include them." (Partner B)

However, questions were also raised about the difficulties in being able to demonstrate successful outcomes, and what that might mean in practice:

“I think what they’ve got to be able to demonstrate is that they can turn families around, and that they can achieve things that other agencies have struggled to achieve, and that is really difficult, and I think they are starting to realise that in some families it is just a real struggle and that some of the success is going to take a long time with some families and there may be some families for whom the success is only limited or short lived” (Partner K)

Some partners were happy that they saw qualitative change even where that might not as yet have manifested itself in quantified outcomes:

“Just looking at trying to draw some basic data down, it’s clear that some appear to have an impact; it’s not in any way quantified yet. But just on a qualitative point of view, looking at the families and the names...and the number of incidents we’ve had...they do appear to have reduced, to a degree.” (Partner M)

“The feedback from that manager through to my departmental management team suggests that where we’ve got engagements with the project, with the families in our accommodation, that it is working. Yes, we’ve seen some – it’s not a miracle cure, but there is better co-operation than there has been previously.” (Partner L).

One of the advantages of the FWT approach most clearly articulated by the partners was its ability to address problems in the long term through sustained intensive support (“You can’t change people’s behaviour overnight” (Partner M)). There was a clear awareness that any success story might be temporary if the necessary support did not continue, and that sustainable change required longer periods of intervention:

“...they need individual caseworkers or mentors just to see them through, not only today’s barrier but the barrier that’s going to crop up next week and the week after, the week after that, so they don’t regress back into a chaotic lifestyle. So the idea of individual caseworkers who build up their product knowledge and skills and abilities with different agencies to be able to move an individual consistently forward, or a family consistently forward, is the right way of doing it, because individual organisations on their own won’t necessarily achieve a holistic solution for the family. They might achieve a solution for an individual within a family but not the whole family.” (Partner I)

Longer term support was also anticipated to bring longer term savings as the number of high need families reduced, and, although this might be difficult to evidence at present, partners were optimistic about the prospect of longer term savings:

“I think the knock-on effect is that it will have benefits to the agencies but I think to the families... in the longer term it means that you’ll have fewer of those high cost, and just highly problematic families, which has to be a good thing.” (Partner D)

The potential for the service to impact upon the lives of the next generation was seen as particularly valuable, offering young people an opportunity to break away from a cycle of destructive behaviour:

“...when you look across at things like the riots and things like that, I think it’s supportive of some of the reports that are coming out from there as well. And if you become disaffected and you’re the second or third generation of disaffectedness in that family, why would you try and break the mould of the family..?” (Partner I)

“I think it’s got a huge amount to offer. I think that, basically if you sort the adults out, then they’re much better placed to sort the kids out and turn off the tap for the next generation of users of the criminal justice system, which means then following on from that, you’ll have fewer victims and a far better place to live.” (Partner G)

Partners saw FWT as particularly well placed to make this long term change because of its holistic approach to family problems, and its ability to tackle problems at the root cause rather than merely skimming the surface and applying a “sticking plaster” (Partner E).

Furthermore, the FWT approach was seen as promoting solutions to problems which come from the family themselves:

“If you understand the issue from that person’s point of view, so you’re seeing it from that individual. And you’re working out what the issues are for them in their life that are stopping them being able to move that way, in making, doing independent decisions, and you sought the help, and you do some of that direct fixing of some of those issues for them, in that particular case.” (F)

“where it’s working, it presents as working very well and working effectively with the families, so that the families achieve the kind of outcomes and improvements they’re looking for,

rather than the agencies achieve what they need to achieve with that family, which I think is brilliant.” (Partner G)

The partners saw evidence of the benefits to the wider community as well as to the family:

“Well it will improve things for the community in that the people that live near to families that were previously causing problems have a better quiet enjoyment, as it were, to use a sort of housing legal term. You know, they’re happier.” (Partner E)

Some of the partners expressed the opinion that any success of the project was largely due to the very small caseloads carried by the keyworkers:

“...So they can give more time and attention to dealing with the issues, rather than trying to palm them off to someone else...But, if you can keep numbers low, and give people the time to actually, physically, deal with the issues, then that’s a good thing, and that’s the key difference this project makes. And one of the key premises for us moving forward is not to lose sight. Actually, that’s what makes the difference. Give them caseloads of 16, and it’s the same as everything else we do.” (Partner C)

There were concerns that changes to the structure of the service might increase the caseloads, and that this should be resisted:

“...you can’t dilute the time working with families. These keyworkers cannot go from five or six families to twenty families, it won’t work.” (Partner N)

One question which arose from this was how such small caseloads might be perceived by other workers in the field, who might feel that they could be much more productive with families if they were not overburdened with significantly larger caseloads. Indeed, the point was also mooted as to whether other staff from specific agencies might be *more* effective than the FWT keyworkers if they were to carry similar caseloads, given their particular training or expertise.

Contrary to this perspective, however, there was considerable evidence from the partners that what was perceived as the most important feature of the keyworker role was its perceived impartiality, meaning that the keyworker is *not* the family’s social worker or landlord. This enabled the keyworker to take a “softer approach” (Partner B), which was seen by a number of partners as leading to positive outcomes for the family.

Related to this was the view that the keyworker and other agencies made a useful good cop/ bad cop team, which permitted the partner agency to be clear to a family about the prospect of enforcement action without losing sight of the vulnerability of that family. The keyworker was able to build a relationship with the family because they were perceived as protecting the family from such enforcement action through their support. To use the carrot and stick analogy, the keyworker dangled the carrots, but relied upon the other agencies to wield the stick. For one partner in particular, this was such an important balancing act that they expressed a preference for enforcement action to be an essential trigger for the referral process. Without the threat of enforcement action, from their experience, there was little incentive to engage. As this housing landlord describes:

“..inevitably it’s very often difficult, from our perspective, to draw the line between support and discipline, if you like. Because, ultimately, we’re dealing with enforcement issues. Whereas I think if you’ve got a worker working with the family who can act as that bridge, spend more time with the family and link in to support from other agencies, albeit still with that carrot and stick approach, really, with the ability to say, ‘Well, ultimately, if it doesn’t work there’s a bit of a stick lying behind there,’ I think that’s where the difference can be made.”

This independent and impartial position of the keyworker was seen as crucial in establishing a relationship of trust with the family, many of whom will have had very negative relationships with other agencies prior to FWT referral, often with entrenched histories of service involvement going back many years, and who have come to perceive any representative of these agencies as “the big bad wolf” (Partner B). The keyworker’s independence from all other agencies was therefore acknowledged by partners as useful to them as well as to the family:

“That is really important, you know, because sometimes people view us with suspicion, you know, rightly or wrongly, in the same way that they view children’s services, the police, education, teachers, GPs. You know, some people are just going to view all those organisations with some suspicion. So this is somebody that’s coming in that’s not particularly any one of those...” (Partner E)

FWT was also recognised by some of the partners as including a particularly wide range of co-operating agencies, and this was seen as a strength, even in comparison to previous attempts at multi-agency projects. This enabled a holistic approach to be taken to the family’s problems,

including addressing poor physical and mental health which might contribute to some of the other problems experienced by the family.

The key worker's task of coordinating these services was appreciated by the partner organisations, with one interviewee in particular describing the role as being like that of conductor in an orchestra, who facilitates the harmonious cooperation of numerous players:

The fact that you're putting somebody alongside these families, it isn't just another agency but it is actually acting as conductor of the orchestra for them all and working alongside the family to make it work for them in a managed way...one of the characteristics of the sort of families we're talking is an intervention by another agency is actually another crisis which actually stops them dealing with some of their other problems. Having a keyworker who can actually orchestrate the way in which these things are done and be there to help practically and give advice and support seems to me the thing that makes the difference." (Partner A)

This was seen as hugely beneficial to families, as the keyworker acted as advocate for them, explaining and making sense of what was happening for them, and the family avoided having to repeat their circumstances to the various professionals allocated to the case. There were numerous comments on the benefits of this approach:

"I think the benefits are that, A, you've got one consistent worker going in there, earning the family's trust...Working with the family, helping them to understand what they need to do. And if it's a one on one basis, then I can see the benefits of that. I can definitely see the benefits of that, rather than housing officers going in, social workers going in and everybody else going in. Because, before you know it, the family can be talking and working with six or eight people... So, one person going in and doing that is brilliant, and liaising with all those six or eight agencies on that family's behalf is brilliant, and I think that that had definitely got to be a positive way forward." (Partner O).

"So it's that thing about you're in for the long haul with this family and making sense of what else is happening around them and organising their appointments and it's showing that routines are embedded in a way that other professionals wouldn't have the time to do. So the relationships that those keyworkers have with all the other professionals from different agencies is also really key. So that the other professionals are fully aware of what their role's about and how they work alongside them rather than work on top of them or in the way of them and all those things." (Partner K)

“The principle of actually joining up services and services working together, focussing very clearly on the issues presented by families who come onto the programme and co-ordinating that, has got to be ultimately a better approach than each of the agencies trying to work individually with the family and, sometimes, in conflict.” (Partner L)

The unique position of the FWT keyworker was therefore seen as enabling them to overcome public sector silos and the bureaucracies that restrict action within single organisations (Partner F).

However, one concern raised about the keyworker role addressed the lack of formal qualification as the keyworkers were recruited from diverse backgrounds. The breadth of knowledge and skills that they might need to provide this integrated service was seen as a considerable challenge for the keyworkers :

I think perhaps one of the things that hasn't necessarily been achieved is the support to those keyworkers from all of the other agencies involved... and that's kind of alluded to in terms of the lack of – not a lack of training because I know they've had a lot of training around working with families in a co-ordinated way, but in order to do that you've got to have a reasonable understanding of a lot of different things. So mental health, offending, what it means to be on a Child Protection plan, safeguarding, positive activities for young people. There's a whole raft of areas of work which I don't think anybody else working with families is expected to have, and I think I'm not sure that that's been supported perhaps as much as it should have been. (Partner K)

Conclusions

- All of the partners expressed support for the principle of budget pooling but agreed that it was difficult in practice.
- Not all of the partner organisations had contributed to the pooled budget. The reasons for this were a lack of evidence of savings for that service, a potential increase in costs for the service as unmet need is identified, services contributing in other ways (e.g. staff time), and services waiting to see others contribute first (particularly the remaining district councils).
- There was agreement that the project had the potential to generate cost savings in the short to medium term, although these had not yet been evidenced, and that such savings were likely to be achieved in the longer term.

- Partner agencies reported seeing only a small reduction in workloads for their staff as a result of FWT involvement at this point in time, with some claiming that there was a short-term increase instead. Some services expected to see an increase in their workload, and this was seen as a positive outcome due to increased service uptake (e.g. of health services).
- The project partners gave examples of increased multi-agency working at a strategic level and of some interesting partnership initiatives developing out of FWT, e.g. Family Intervention Tenancies.
- At an operational level, multi-agency working was seen as requiring clear understanding of the roles of the different agencies, positive personal relationships and effective communication strategies.
- There was little evidence of a reduction in bureaucracy, and to some extent this may have increased, e.g. around data sharing issues. However, there was a strong will to overcome obstacles in this area.
- Some agencies reported more rigorous data sharing regulations than others, but the other agencies sometimes interpreted this rigour as obstructiveness.
- Partner agencies generally agreed that they were equal in standing and power within the community budget governance structures and that their agency's needs were considered.
- The community budget was seen as an effective way of responding to local priorities, but it was also acknowledged that local priorities always reflect government priorities to some extent.
- The location of FWT within children's services was seen as an obstacle to effective partnership. It had shaped the referral criteria in a way that some partners found difficult to apply to their clients, and it had also made it more difficult to 'sell' the service to other professionals who did not understand its remit.

- Some partners were concerned about the move to the Troubled Families Programme payment by results approach because the key performance indicators for payments might reflect the work and priorities of other agencies more than their own.
- Partners agreed that the keyworker played an important role and supported families effectively, building better relationships between families and services, acting as advocate and co-ordinator, and preventing the family from having to retell their story.
- FWT keyworkers worked with other agency professionals as an effective 'good cop, bad cop' team, in which the agency reminded the family of the threat of enforcement action and the keyworker reminded the agency of the vulnerability of the family. Partners agreed that the keyworker should be independent of other agencies in order to provide this support..
- Partners did not always see the benefits of FWT, which might be difficult to measure, long term, inter-generational, and experienced by the wider community. Despite this, they were still supportive of the intervention.
- Partners agreed that it was the small caseloads which made the difference in the keyworkers' abilities to support families and generate change, and that this should be protected in any service reforms.

Section 5: Frontline Worker Interview Findings

A total of 15 frontline workers were interviewed by telephone. These comprised:

- 4 LCC social workers (1 FAST team manager, 2 other FAST team members, and 1 social worker in the children with disabilities team)
- 4 school-focused workers (1 Education Welfare Officer, 1 school based student & family welfare, 1 home-school liaison, and 1 school nurse)
- 2 housing officers
- 1 health visitor
- 1 family support worker
- 1 targeted youth worker
- 1 youth justice worker
- 1 debt advice and recovery worker

The Family Assessment Support Team (FAST), located in LCC children's services, is the first point of referral where there are concerns about a child. Despite numerous attempts, interviews failed to be secured with police, children's centres or Positive Futures.

Involvement with FWT

Most interviewees reported that they became involved with FWT through TAC arrangements, being part of a multi-disciplinary team of practitioners established on a case-by-case basis to support a child, young person or family. Possibly the only exceptions were one housing officer, who knew the FWT keyworker personally, and the debt advice and recovery officer, who was contacted directly by the keyworker, who had found that some families needed guidance in managing their money but lacked the skills required.

The school nurse, health visitor, debt advice and recovery worker, and one school welfare officer were involved with multiple keyworkers and FWT families but the extent of involvement of social workers was less clear (one social worker mentioned one keyworker and two families, and the social worker in the children with disabilities team referred to one keyworker and one family). The housing

officers were involved with two families, and the targeted youth worker, the family support worker, and the other two school-focused workers were each involved with just one family.

The amount of contact in any particular case varied greatly. At one end, one housing officer explained how they worked with FWT as follows:

“The two families have different keyworkers, and I’ve done joint visits with both. When the tenants were breaching their tenancy rules, I contacted FWT for help (through a TAC meeting, in both cases) at the point of thinking of issuing a notice of seeking possession. They asked me to visit the [successful] family with them, I identified the problems and what we expected. The keyworkers then got the property up to the required standard so that the tenant (who needed a larger property – six bedrooms, as she had six kids) could be allocated a new property – which was lovely! I give them ten out of ten for how they worked with me – it made my job easier!”

At the other end, contact seemed to be fairly minimal:

“I’ve only worked with one keyworker so far. We have the occasional email, with TAC meetings every eight weeks.”

As one interviewee pointed out, however, frequent contact was not always necessary: “when things are going well, you don’t need to speak.” Presumably, then, if things are not going well, the onus is on the keyworker to notice this and then to make appropriate contacts, e.g. by telephone.

Frontline worker’s role in relation to FWT

Interviewees identified a number of ways in which their role related to the work of FWT. The debt advice worker, the housing officers, the health visitor and the targeted youth worker all saw themselves as providing specialist assistance to family members that FWT keyworkers could not provide, e.g. on managing their debts, sorting out problems with their tenancies, tackling health issues, or working one-to-one with a young person in the family. The housing officers saw the roles as complementary. As one said:

“They [the keyworkers] have a good understanding. We liaise on our input [into the families] – it’s like ‘good cop, bad cop’! [FWT are the good cop, we are the bad cop]”

The school-focused workers saw things similarly. As one suggested, “The keyworker role is much more about supporting the family, whilst the education welfare officer role is more enforcement-based.” In some cases, such as the health visitor and the school-focused workers, it tended to be the frontline worker who saw FWT as providing needed assistance to families that the frontline service itself did not provide. For example, one worker described the changing role of the Education Welfare Officer (EWO) over the last 2-3 years. It was now no longer their job to go into the home and work with the family. The role had become much more enforcement-oriented. FWT therefore filled this gap. The health visitor pointed out that ‘They [the keyworkers] give emotional support, and we don’t have time for that (unfortunately).’ The social workers (and indeed probably all the other frontline workers) saw FWT primarily as an agency that can provide additional, more intensive support to families, “generally around issues of cumulative neglect and non-attendance at school, anti-social behaviour, housing and offending”.

Working relationship between frontline worker and FWT keyworker

The working relationship was discussed with respect to: how the keyworker’s input helped them with their own work; how far their activities complemented one another (clear division of labour, distinct responsibilities, joint visits, etc); and how well the relationship worked generally. The interviewees provided a wide variety of answers. The debt advice worker reported as follows:

“The keyworkers realised that their clients needed expert help in dealing with some of their financial problems, so they came to us... We’ve worked out a good business relationship, providing support for each other... The keyworker attends the interview I have with a client... they can then explain things to the client and follow this up afterwards, make sure the client understands and acts accordingly... We write to all the creditors, etc, and set up debt management plans. The keyworker takes the client to the bank, etc, and makes sure they make the payments agreed.”

One housing worker said, “The involvement of the keyworker breaks down the barrier between us and the client (because I’m seen as a threat), it gets the arrears down and sustains the tenancy... The keyworkers can deal with more sensitive issues such as personal hygiene...”. On the other hand,

however, “We can enforce, while they can only encourage”. The other housing worker concurred: “They [the keyworkers] enable the tenant to remain in the tenancy – for example, by keeping the property tidy and in good order, helping them to access playgroups, and get to appointments (with doctors, etc).’ And: ‘It’s more of an enforcement role for me. I’m trying, or threatening, to get them out [e.g. looking to serve a notice of seeking possession or to demote a tenancy], while they’re trying to keep them in.”

The youth worker affirmed that the keyworkers helped them with their own work because “they support young people along with the whole family... They can do more, they have a bigger picture. We back up and reinforce what they do, e.g. keeping a bedroom tidy – we remind the young person what the keyworker has done, we echo what they’ve said”. However, this did not mean that there was any duplication of work:

“The keyworkers deal with issues relating to the whole family – cleanliness, routines, tidiness, boundaries, keeping appointments, paying bills, doing shopping, anti-social behaviour – while I deal with the one young person (e.g. positive activity, reminders about behaviour charts)... There are distinct responsibilities and targets, agreed in the TAC. The responsibilities complement each other, and enhance what each other does, e.g. a tidy house.”

The school-based workers valued the ability of the keyworkers to spend long periods of time visiting families in their homes at different hours of the day, so they could see the family dynamics and work through domestic routines. As the EWO commented, “They are doing what we should be doing – going into families and getting to know them and gaining their confidence”. The school nurse explained: “They [FWT] provide intensive support, which we cannot do because we have so many clients. They visit a family 3 or 4 times a week, whereas we try not to do home visits – we ask the family to come to the clinic.” As with the youth worker, they appreciated that the keyworkers worked with the whole family, whereas they themselves focused on individual children. The following case, which was highlighted by one school-focused worker, illustrates the importance of what the keyworker had done.

The case involved three young people from one extended family – one school non-attender and one poor attender, plus a younger child at risk of following in their footsteps. The EWO had exhausted all options and was *en route* to prosecution when FWT came on board. The keyworker liaised with the

school head of year, etc, and would knock on the door at 7am to get the young person into school. The keyworker had also done a lot of preventive work with the younger sibling as it was seen as highly likely that this young person would also have had attendance problems. As the professional noted 'if she [keyworker] wasn't going into the home, that would be a worry'. The keyworker also got a CAMHS referral for the young person, and importantly got mum to accept that it was needed and that she needed support.

The social workers made similar comments about the extra capacities of FWT keyworkers. According to one:

"FWT have much more time to give to families, and the capacity to offer more intensive support... The keyworkers have really good networks of support they can draw upon from other agencies because of their varied backgrounds. They know about housing and ASB whereas we are just learning about that."

The same social worker noted that FWT also had a specific source of funds, which was advantageous, but equally that keyworkers were very good at accessing other sources of funding (which social workers might also be able to do but their networks and knowledge of these were not as good).

Another social worker pointed out that the FWT keyworkers could spend much more time with families, and over longer periods ("Family Action might only give them six sessions, then they are finished"). Moreover: "Social workers can't do the shopping for them, drive them around to appointments, buy things for the home, etc. One particular keyworker had experience of working with people with learning difficulties, therefore knew how to talk to them in a way they would understand. Others in the child protection core group didn't have that expertise."

As with the housing and school-focused workers, there was an element of 'good cop, bad cop'. For example, on joint visits: "the keyworker's presence softens the social worker visit, as the keyworker is able to explain, rephrasing what the social worker is saying." Another social worker reported as follows:

"The families didn't trust professionals at all, but the two FWT keyworkers had gained their trust and had a close relationship. At times they wouldn't take my calls but I could get a

message to them through FWT. They didn't feel threatened by the FWT keyworker like they did by me – they saw me as responsible for all the things that were going on."

However, social workers were generally less positive than other workers about working with FWT in this way. One worker felt that the positive relationship that the FWT keyworker built with the family made things more difficult for social workers: "they [the family] see you as the bad one". From the social worker they felt they got "nothing but bad news and telling them what they need to do". What this social worker revealingly called 'the system of rewards' (meaning the funding available to the keyworker to provide practical assistance to families that needed it) led to families saying to the social worker, "We get this from [keyworker]... we get nothing from you!". Another social worker saw joint visits as a means to ensure that "the family couldn't play them off against each other or twist things that had been said". This enabled both services to get a clearer picture of the family's problems and progress and further clarity on the interventions being provided by the different parties. Joint visits were also a useful mechanism to ensure professionals' safety and to protect themselves against potentially violent individuals.

The family support worker worked most closely with one FWT keyworker on one family – speaking to her weekly, meeting in the family home and regularly at child protection meetings. Apparently, this particular family needed unusually intensive support – seven days a week, twice a day – which was more than could be provided by a single person (Family Action were also involved). Having more than one person working with a family, however, could be problematic as "workers offer different advice [about how to manage challenging behaviour from the children] so the parents use that as an excuse to do nothing". This worker felt that the work of FWT did overlap with that of the family support worker but that FWT involvement still had two clear advantages. Firstly, having more than one service involved enabled the family to receive the more frequent visits that they needed, which a single keyworker would have been unable to provide. Secondly, FWT offered a more sustained intervention than other services. It was noted that the Family support worker was currently assigned to deliver particular pieces of work with a family over shorter time periods, sometimes 6-8 weeks, so "there isn't the chance to support families over long periods of time", which the FWT keyworker did. The family support worker felt this was a problem because "when the next crisis hits them, they [the family] have no one to turn to". It was felt that things would need to deteriorate before a family support worker were sent back in, but FWT could offer more of a hand-holding role, more sustained maintenance and further prevention.

Evaluation of FWT

Nearly all the frontline workers commented very positively about the work of the FWT keyworkers, and only the social workers reported any difficulties arising out of FWT involvement.

Accolades included the following:

“They’re doing a wonderful job... They present very well, they are very focused, and they appear to have a great relationship with the families. It’s intensive work, which we would like to do more of. I’m envious of them, to tell you the truth – if I had six weeks with a new mum, I could make a real difference! It’s all about building a relationship.”

(Health Visitor)

“No airs and graces, easy to talk to, no barriers, I was comfortable with them from the start.”

(Housing Officer)

“The progress the family have made has been brilliant. They think the world of the keyworker and know that they can call on her.”

(School-focused worker)

“I can’t speak highly enough of the keyworker’s dedication and professionalism. The keyworker goes the extra mile – the most active member of the Child in Need team, carrying the case at some points on behalf of LCC. Is she going to get a promotion? Even if we had wanted to do it, we wouldn’t have had the success she had with these families.”

(School-focused worker)

“One woman in particular with 6 children - her life has been turned around. She has more confidence and self-esteem, more pro-active. Children looked after more effectively. Scaled down to TAC and universal services. The keyworker was able to develop a more nurturing relationship. Not like befriending, but mentoring and role-modelling. Improved home conditions, children not in contact with inappropriate people. Skilled Mum up to be a more effective parent.”

(Social Worker)

“One long standing case with Social Care - with children at risk of removal. FWT went in and prevented this from happening. Without FWT this family wouldn’t have managed and they would have had children removed. Decreased from CP to CiN and now TAC, therefore closed

to Social Care – so that’s really positive... Her work [the FWT keyworker] has involved showing them [the family] how to live independently (they had been living with the grandparents), rewriting their norms and values. They are learning life skills that they can take with them, e.g. being able to ask for support, being more organised (using calendars etc). They can cook now, they can get on a bus. The family will always need some support from services but school, school nurse and health visitor provide on-going support. And now they aren’t afraid to ask for support.” (Social Worker)

“They have a budget which allows them to offer rewards, which motivates the family to engage. They were therefore able to get into the home where others (such as Family Support) had failed. They are able to offer intensity going into the home, which social workers don’t have time to do due to caseloads... they do a really good job - hands on, which I wish I could do... They aren’t social work, so they don’t have that barrier - even though they come under children’s services they aren’t perceived this way by the family, perhaps because they don’t have any powers. When the keyworker challenges the family, they accept it.” (Social Worker)

Other comments from social workers tended to be more low-key or equivocal:

“They [FWT] have been able to do some of the work that historically social workers would have done but can’t do now due to increasing workloads and a refocusing of Social Work to more complex work - court, protection and multiple need issues - changing thresholds... Keeping things motivated for the parents - because you are asking for consent for FWT to work with them, that’s a more positive mind set for some parents, rather than ‘You’re a social worker- you’re coming to take away my children’... It promotes multi-agency working which is a good idea.”

“I think it’s a good idea to go in and do an intensive piece of work – but how do you withdraw? And how do you do it so that they don’t feel disempowered, don’t just sit back and think ‘I don’t have to do it because someone else is doing it for me’?”

Social workers also identified a number of difficulties arising out of FWT involvement, including:

- The support panel made unsuitable referrals because it did not understand what FWT could offer.

- Families have been referred to FWT who have gone past the 'window of change'. This appears to mean a point at which a family does not want to change or does not have the capacity to change or does not want to have their children at home. (It could be argued, however, that these are all quite different things, and may need to be tackled in different ways.) The referral is therefore reported as coming 'too late', which seems to imply that social services involvement is associated with a deterioration in family function.
- Delays have occurred in making referrals, and in FWT responding to referrals, to the detriment of families.
- Families refusing to engage with FWT.
- There were initial difficulties in planning FWT's work but these appear to have been ironed out.
- Lack of clarity about FWT's role and position within LCC, e.g. one panel didn't recognise them as being part of children's services, and in one court case the solicitor of a family that LCC were taking legal action against (fortunately) did not pick up on the fact that FWT were from LCC.
- Communications were not always what they should be, e.g. social worker not always aware of FWT's own plan for a family, which differs from the plan produced by the core group, adding extra things and getting more people involved. In one case, it was reported that the keyworker asked Barnardo's to do some work when the school nurse was already doing that work under the child protection plan. Another social worker mentioned difficulties in getting information from the keyworker.

Some social workers expressed concern about families becoming too dependent on the FWT keyworker. For example:

"At times the family became over-reliant on the FWT keyworker, whereas social workers aim to empower them to do things themselves, for example, to make their own appointments for their children and get to them themselves. FWT will phone, make the appointment then take them there - and the family then report back to the social worker that they have done this as a success. When the keyworker couldn't take them, they didn't go. I'm not sure if this is the intention, but it doesn't help them become independent."

Some social workers themselves seemed confused or lacking in understanding about the work of FWT. For example, what counts as 'intensive work'? One social worker declared that "What FWT

consider intense [sic] work can be one visit a week – we would consider three visits a day to be intense work”. (In fact, FWT keyworkers visit their clients 2-3 times a week, as almost correctly noted by the school nurse above.) Another social worker said she would have liked FWT work to be more intensive, for example, with keyworkers staying in people’s homes overnight (she claimed that this was what social workers had been told originally that the FWT service would provide). In her next breath, however, she argued that the keyworkers provided too much for the family and created dependency. The same social worker stated that FWT was doing nothing new, as Family Support were already carrying out this intensive work, monitoring the home situation and encouraging school attendance: “My impression is that they are doing the same thing.”

Exit

The interviews with frontline workers raised a particular question concerning what happens when FWT exits a family. Unfortunately, the school nurse was the only interviewee who had actual experience of what happened to a family after exit, and she considered this to be a very important issue:

“The only problem is when they exit a family. Their involvement with a family is very intensive for up to a year, and there is a massive improvement in the family over that period of time, but then it is not maintained afterwards. We know about this because we are often the lead professionals after the exit, because we are the most holistic service... FWT are very effective when they are involved but I haven’t seen this maintained after they exit. I am aware of two families who have exited so far. I was involved in one of these... In the one I know, there was a deterioration in: home conditions, the presentation of the children, the guidance and boundaries in the home, maternal mental health and emotional wellbeing, and the children’s behaviour. More than five referrals were made on the three children in the family.”

The school nurse pointed to the existence of deeper problems with some of these families:

“The problem is that the families are never going to be that independent. In [name of town] in particular, there is a huge amount of neglect, a number of very vulnerable families who learn from one another. Each family needs to be taken out of this context and placed somewhere else with a more supportive environment. Taking the children into care can be a

solution in some cases - it is not necessarily in the child's interest, but if their needs are just not being met at home...? The only alternative is for the family to receive intensive help from a variety of agencies until such time as the children leave home"

Additional comments

One social worker made a revealing comment about her work:

"The social worker tends not to do hands on work and help people directly. It is more like the puppet master, directing people. It involves making assessments and then directing other people to do the work. The social worker hasn't got the time to actually do the hands on work helping people."

Unprompted by the interviewer, a number of interviewees argued that the term 'Troubled Families' was unhelpful because it suggested an emphasis on enforcement or 'correction' rather than meeting needs (health needs in the case of the school nurse) and "because when you go to see a family, they will think 'We're not a troubled family', therefore think they don't need the help. They don't see themselves as troubled" (social worker).

The school nurse asked the \$64k question: "It comes down to a choice – are the agencies going to work together to meet the needs of the family or are they going to take the children into care?" This does, however, beg a lot of other, and difficult, child protection questions.

Conclusions

- The relationships between keyworkers and frontline professionals varied, with differing levels of contact, which not all frontline workers always saw as necessary. Frontline professionals usually performed different roles, e.g. in relation to statutory enforcement action or specialist advice, which the keyworker could not provide.
- The keyworkers were seen as valuable because they broke down barriers between families and services, they were able to work holistically and see the bigger picture of the families'

problems, they could address very sensitive issues, and they offered intensive and sustained support.

- Some frontline workers reported duplication of work within a family, but this was seen as necessary in order to provide more intensive responses (two visitors rather than one) and more sustained and consistent support from FWT alongside shorter term services.
- Frontline professionals also described a 'good cop, bad cop' approach and most saw this as effective. Some social workers appeared to be less comfortable with this approach and disliked being given the 'bad cop' role, which they felt undermined their efforts to support families.
- Families sometimes tried to play services off against one another. Joint visits with FWT prevented this from happening and ensured that there was consistency and clarity of approach.
- Some social workers were less positive than the other services about the working relationship with FWT, and suggested that communication was not always effective. They saw the FWT role as providing the sort of support that social workers used to be able to provide (but now did not have the time).
- Social workers were critical of what they saw as inappropriate referral of cases to FWT by the Support Panel, where the family did not want to make changes and refused to engage. This was seen as help coming too late.
- Social workers reported some concerns about the keyworkers' close relationships with families, generating dependency. They expressed concern about a lack of clarity of the role of the keyworker and their position within LCC, particularly in relation to legal proceedings and questions of conflict of interest.
- Frontline professionals generally tended to agree that the term 'Troubled Families' was unhelpful and could inhibit engagement.

Section 6: Family Sample Analysis

Using the list of current families supported by the service, a sample of 14 families were identified for possible interview, including one from each keyworker and covering a range of family structures and problems. Unfortunately, three of the families were unwilling to take part, and a further family chose to withdraw from the service. FWT management expressed concerns about one family's vulnerabilities and/or possible risk to the interviewer, and therefore denied access to that family. Similarly, one keyworker suggested that an interview with one of her families might not be appropriate at that time as they were newly allocated and finding the process very challenging. The keyworkers successfully found four alternative families willing to speak to us and therefore in total twelve families were included in the sample. The research followed up all twelve families for a second interview to explore their progress, but only nine were available for or consented to a second interview.

All of the interviewees gave their consent to sharing their assessment and plan documents, although it was agreed for one family that this was not appropriate as the recent break down of the family would have necessitated obtaining consent from a family member who had now withdrawn co-operation from the service.

Family Characteristics

Casey (2012) highlights a number of characteristics common to families with complex needs (or in the language of that report, 'troubled' families). Her report offers a useful framework of analysis, and this section compares the FWT research sample with Casey's in order to determine similarities and differences in the characteristics reported.

1) Intergenerational Transmission

In Casey's sample of families, intergenerational transmission of problems was widespread, with parents' problems beginning in their own childhoods. Unfortunately, our research data provides very little opportunity to determine the extent of this problem as it wasn't always addressed within assessment and plan documents and parents didn't tend to talk about their own experiences of childhood. There are some exceptions to that, such as one family where both parents were themselves previously subject to a Child Protection Plan. However, there were also examples of grandparents supporting families during periods of crisis and offering a degree of stability. This is an area that keyworkers would be likely to discuss with family members with a degree of sensitivity and

confidentiality, but it might be helpful if there were additional collation of data on this issue, in order to understand how it might impact upon families and improve support for them.

2) Large numbers of children

In Casey's sample, half of the families had four or more children. The families we interviewed did not all have large numbers of children living in the family home. Four out of the twelve families had between four and six children in the home, whilst the remaining eight families had three children or fewer. This picture is complicated, however, by the existence of children living elsewhere. Some of these children were from previous relationships and had continued to live with their other parent. Some were now adults and living independently, perhaps with children of their own. In seven families there was a child under the age of eighteen who had gone to live elsewhere (either prior to or during FWT involvement) as a result of the family circumstances: two to live with their other parent, one to a temporary foster home, one to friend's house, one to grandparents, two to live with boyfriend/girlfriend, and one to live with a sister. These arrangements varied in their formality, and a further two young people moved elsewhere temporarily but returned home. The children's ages varied considerably, with the youngest less than a year old.

3) Shifting family make-up

As in Casey's report, the families demonstrated a shifting family make-up, and complex family structures. Separation of the parents was the most common feature, with only one family (with the youngest children) having the father living in the family home with the mother. Indeed some of the families were made up of children from successive relationships, giving added challenges to the logistics of access and visiting arrangements. In four of the families one or all of the children had at some point experienced a move to live with the other parent, and two had been cared for by grandparents as a temporary measure. One child had had a period in secure accommodation.

4) Dysfunctional relationships

As in Casey's report, these families struggled to build positive relationships. Alongside the prevalence of intimate partner violence, a number of families experienced other volatile relationships between adults, such as with ex-partners and the children's absent parent, with grandparents and wider family. Casey also recognised that the children often took on the role of carer and protector where the parent abdicated responsibility or seemed particularly vulnerable, and this is something we saw within our family sample. A number of the children appeared to

prioritise care of the parent over their own needs, such as missing school for example. Young males also appeared sometimes to take on the role of dominant male in single parent households, which could manifest itself in further controlling and violent behaviour towards the mother and siblings.

However, what is not encompassed within Casey's report is the way in which some families managed to remain very close and loving even within such chaotic and challenging circumstances. Several of the families were described in the assessments as having very strong bonds and family values, which were clearly tested to the limits by events they encountered. It was these bonds that often provided the motivation for changes, and enabled the family to work together to make those changes.

5) Anti-social family and friends network

The data from the FWT family sample shows a much more complicated picture than Casey's report suggests. For a small number of families, the existence of anti-social friends and family networks was affecting the family. For example, where one father was drug and alcohol dependent, his network consisted of other users who were largely unsupportive of change and posed a risk to the young person in the family home. For one single mother, her friends were known by the police, and would visit her house with alcohol and cause ASB problems within the local community.

However, these depictions of the troubled families with entrenched relationships within wider networks of anti-social family and friends did not reflect the situation for the majority of the families interviewed. The most common story that we encountered was of parents isolated from the local community and with little or no family or friends to have contact with. Isolation and lack of support was a key feature of seven of the twelve families, and was often connected with parental depression and lack of confidence and self-esteem, with the parent withdrawing and spending more time alone in the home. For other families this isolation related to the lack of family within the local area, where families had moved house or where they had experienced loss of family members. Geographical issues also had an impact with families in rural locations suffering from isolation and lack of support networks more than those families within urban areas. The inadequacy of public transport networks in these areas acted as a considerable barrier to social inclusion.

Furthermore, these vulnerable and isolated parents were often the victims of exploitation by others within the local community when they tried to make friends. One family had been left with considerable debt after neighbours had ordered goods from the mother's catalogue account but failed to pay for them. Another vulnerable mother with learning difficulties found her good nature

exploited by others visiting her house to use her phone and internet connection and taking food when there was not enough to feed the children.

These isolated families also suffered from acts of intimidation and aggression, including verbal abuse (of parents and children), neighbours undertaking intrusive surveillance, arson attacks and physical damage to the property. These families were therefore more often victims of crime and anti-social behaviour than perpetrators of it.

6) Abuse

As in Casey's report, these were families with a history of abusive relationships. Most common of all was domestic abuse against the mother by the children's father or other partner. Eight out of the twelve families in the sample experienced either current or historic intimate partner violence. In fact, a number of these mothers had experienced successive abusive relationships and had developed emotional and self-esteem problems as a result. Inevitably, within some families these violent and abusive incidents had been witnessed by the children, prompting further problems for them which required mental health support. Some of the young men in particular seemed to mimic this behaviour and continued the intimidation of the mother even after the abusive partner had left. One vulnerable mother suffered particularly prolonged intimidation and controlling behaviour from her son, including violence and financial control.

Physical abuse of the children was very infrequently documented within these families. However, neglect was a considerably more widespread concern, with all twelve of the families described as having some degree of child neglect, relating to inadequate nutrition, neglect of the family home, emotional withdrawal and failure to support children's education.

7) Institutional care

Casey's report describes the large number of families that had experienced children going into care and the prevalence of child protection concerns in nearly all families. Due to the considerable neglect issues within the families in our sample, most of the children were subject to Social Care involvement to some degree, although none of the families had children who had been removed from the family into the care of the Local Authority. Seven of the families had at some point had at least one child subject to a Child Protection Plan or designated as Child in Need. Note that not all children within the family were assessed as having the same degree of need as there could be particular issues relating to some children's needs not affecting others in the family. For these

families, the threat of legal proceedings to remove the children from the family home was a very frightening daily concern. Of those seven families, none of the children were subject to care proceedings. Three families continued to have children on a Child Protection Plan. One of these had seen the CP Plan replaced by a TAC, before being re-escalated due to new concerns. Another was still subject to a CP plan at the point of exit (raising questions about the appropriateness of exit for that family), whilst the third family had been a cause for on-going concerns around the family's engagement with support. Two families saw CP plans being successfully downgraded to TAC arrangements, and one young person who had been subject to Child Protection concerns all of his life saw these reduced, before finally turning 18 and progressing towards supporting himself independently. A further family, who had had four children designated as Child in Need at the point of referral, now only had one remaining as Child in Need.

8) Teenage mothers

Thirteen of the mothers in Casey's sample of families had had their first child when they were under twenty. Similarly, a number of mothers in our sample began having children when they were fairly young, between the ages of seventeen and nineteen, although this was by no means universal. Given that in some families the eldest child was now an adult, this meant that none of the mothers supported by FWT within this sample were teenagers themselves. The oldest parent in the sample was 82 years old. Three young people in the sample (two male and one female) were due to become young parents following pregnancies recorded during the research period. In a number of families the older siblings living independently were already young parents themselves.

9) Violence

As in Casey's report, family violence was common within our sample, with the prevalence of intimate partner violence committed against the mother contributing largely to this (as discussed above). Within some volatile parent relationships the mother was also violent, with one mother receiving a police caution for assaulting her son's father during a row, and another alleged to have assaulted her teenage daughter during an argument. There was also considerable violence between siblings as a means to resolve disputes. This ranges from the biting and scratching of young children to older teenagers committing more serious assaults. Sometimes this violence extended into the child's school life and had an impact upon school attendance.

10) Early signs of poor behaviour

Casey's report highlights the onset of 'behavioural difficulties' at a young age, getting more difficult to manage from the age of 9 onwards and particularly into adolescence. Some of the younger children in our sample of families showed signs of poor behaviour at an early age, and this seemed to be exacerbated by the fact that they witnessed poor behaviour in others and copied what they saw. This early years behaviour included swearing, spitting and fighting, mistreating the family pet, stealing from the family home or from the local shops, and climbing out of windows in order to play outside without permission. Within half of the families, the older children were known to the Police and ASB Team, and some of these already had formal sanctions against them and/or YOS involvement. Parents seemed to struggle with setting boundaries for their children and ensuring that the children adhered to these, and this was a common support need for the families. Out of the twelve families, six had made good improvements in their parenting skills and were more able to control their children's behaviour. A further five families had shown some level of improvements in their parenting skills, but with on-going difficulties in relation to teenagers in particular. The twelfth family resulted in a family breakdown and therefore the data is not applicable in this case.

11) School

As in Casey's report, school attendance was problematic for many of the children within the sample, with frequent absences or late arrivals, and challenging behaviour in school. A number of the children were behind in their learning and/or suffered from learning difficulties. In primary school, problems were more likely to manifest themselves in disruptive behaviour, and feigning illness to be allowed to stay at home. As the children got older, truanting and refusal to attend became more of a concern, with nine out of twelve families having recorded agency concerns about the level of absences, and the Education Welfare Officer had been involved with a small number of teenagers from the sample.

However, this does not mean that all of the children within the family had attendance issues. More usually, there were siblings who enjoyed school, who worked hard and saw it as a sanctuary from the chaos of the family home. Some children enjoyed school but felt a responsibility to care for a vulnerable parent, or suffered from their own health problems, both of which affected their attendance.

Of the nine families who had concerns about school attendance recorded in their plans, three continued to have significant on-going school refusal by one of the young people in the family. A

further four families still had absences of a less serious level, although within these families there had been significant improvements for some young people, with others having continuing difficulties. Furthermore, some of these attendance problems were temporary and related to particular circumstances or health issues. Two families had made significant improvements and had very good attendance levels.

12) Anti-social behaviour

There were recorded incidents of anti-social behaviour of some kind for all of the families within the sample, reflecting the families in Casey's report. Most commonly these related to concerns expressed by housing providers, for example in response to neighbour complaints about noise nuisance (shouting or loud music) or relating to failure to maintain the property. All of the families where this had been a concern demonstrated considerable improvements in this area, with reduced neighbour nuisance, improved maintenance of the property and a more secure tenancy as a result. In two households the parents' anti-social behaviour was connected with incidents of domestic violence and this had now stopped in both cases. Occasionally the reports of ASB extended to the wider community, such as being drunk and disorderly, or incidents of aggression in public. There were only two cases where parental ASB outside the home had been an issue, and both families had seen some degree of improvement here (although it is unclear from the research data the extent to which these problems were resolved).

Children's ASB was also noted. Sometimes this appeared to be low level, either whilst they played in the streets or in other public spaces, or in the school environment, but with older children it could be more serious. In three families from the sample, there were no reports of the children's ASB (largely due to their young age). Of the remaining nine families, five showed good improvements in this area, with children reducing ASB significantly. In one family, there was improvement in some aspects of the young person's behaviour but continued problems in others. In another family there was a reduction in the more serious ASB of one young person, but with an increase in the ASB of a sibling.

13) Mental health and depression

Mental health issues abounded within this family sample, and the Assessment Reports often indicated that these health concerns were not being treated and required proper medical diagnosis, as Casey also reports. Most common of all was depression in the mother. Whilst a number of

mothers from the sample had already been diagnosed with depression and required support in maintaining their treatment, a significant number of others had yet to be diagnosed.

Alongside formally diagnosed depression (including post-natal depression), there appeared to be a wider set of mental health symptoms which were common to these parents, including lack of confidence and self-esteem, anxiety, fears about leaving the house and eating disorders. These symptoms were often perceived as related to earlier traumatic experiences such as bereavement, miscarriage and abusive relationships.

Eleven out of the twelve families had recorded concerns about the mental health of a parent. For seven parents from the families, there was clear evidence of improvements in their mental health, whether that was related to managing mental health conditions more effectively, or through raising self-esteem and well-being in other ways. For a further three parents, there appeared to have been small improvements in their mental health and one parent appeared not to have improved.

Additional to the parental mental health issues raised in Casey's report, our family sample identified concerns about the mental health of a number of the children. At least seven children had received a mental health referral and were dealing with issues around feelings of loss (following bereavement or family breakdown), witnessing abuse, neglect and emotional harm.

14) Drugs and alcohol

Within Casey's report, problems with drugs or alcohol were often cited. In our sample, some of the families, but by no means all, had problems centring around misuse of drugs and alcohol.

Unsurprisingly, alcohol was the wider problem, as parents struggled to find the balance between maintaining their own social life and caring for their children. A small number of parents had a history of drug involvement, and one parent in particular had been required to undertake drug treatment as part of the Child Protection arrangements. For some drug users and for a small number of alcohol users, substances appeared to play a more significant role as a coping mechanism in difficult circumstances, and yet contributed further to the problems. There were also reports of some of the young people experimenting with drugs and alcohol. Smoking was also fairly common and a number of the children smoked in the home with their parents.

Establishing progress in this area is very difficult given the cultural acceptability of alcohol and the grey area in terms of defining problematic drinking. Use of prohibited drugs also tends to be a hidden activity which is unlikely to be accurately represented within the research data.

Discussion

It is clear from this comparison that FWT were working with the sorts of families that the government anticipate will be identified as 'troubled families'. They presented largely the same range of problems and characteristics as Louise Casey described in her 2012 report. However, some key issues affecting the families in this research sample were not fully highlighted within Casey's report, and these are discussed below.

Debt and poverty

The families that both we and Casey looked at had clear financial problems. For most of the families, being a single parent presented a considerable challenge to employment and economic sustainability. The availability of affordable and flexible child care (and indeed flexible, family friendly employment opportunities) was central to this group's return to the workplace. Only three of the parents in our sample were working. One parent had worked for many years in the same employment and had a reliable and permanent position. A second parent had had some time off due to mental health problems but had returned to work and was being supported by her employer. The third family had returned to work as part of the support from FWT, firstly in a short-term seasonal position, but then finding further work after exit from the service. In one family the parent was retired and was not seeking work. Eight households continued to experience worklessness and reliance upon state benefits (although FWT support had seen some progress towards future employability through training, volunteering, and work around self-esteem). These families continued to live in poverty and they experienced considerable debt problems that had often accumulated over a number of years. Some of the parents had poor numeracy and literacy skills and therefore struggled to make best use of their money, and to understand the documents provided in relation to their finances. Their debts had often been exacerbated by other individuals, including ex-partners and acquaintances who had taken advantage of them.

Housing Issues

All of the families were in rented accommodation and in almost all cases their landlord was a local authority or housing association. Their accommodation was often inadequate for their needs, with too few bedrooms for their growing family and not enough living space to promote family cohesion, e.g. to enable eating around the table or playing family games. The property was often poorly maintained by the landlord (particularly, private landlords). Damp, which has an impact upon the family's health, remained untreated. Boilers remained unrepaired, leaving the family without heat or

hot water. Utilities were often paid for through a meter, which can result in a higher tariff being charged, exacerbating the poverty experienced by the family. When money ran out, the family could find themselves without heat or light, or having to forego food instead. Ten of the families had concerns around the suitability and maintenance of their accommodation which were addressed during the period of intervention, and significant improvements to these families' homes were evidenced. The remaining two families had adequate accommodation at present because they were being looked after within the grandparents' family home.

Disability and learning difficulties

A number of these families experienced family members (both parents and children) with physical disabilities and long term health problems, which placed considerable demands upon the family. Learning difficulties created additional problems, particularly when experienced by the parent. This reduced their ability to understand what was asked of them and to make suitable responses. It also impacted upon their behaviour in ways that might be interpreted as anti-social. For example, one young mother with some degree of learning difficulties tended to make friends with younger people, who were then interpreted by others as unsuitable associates – both in terms of their risk to the children and the risks to the young people themselves.

Failure of other services

Some of the families had disengaged with service providers due to their negative experiences in the past (see also comments on housing providers above). In particular, most of the families had very poor relationships with social care organisations. Casey noted this but attributed it to the family's lack of ability to build positive relationships. The families in this sample, however, provided a picture of services who had not taken the time to listen to the family, to deal with their concerns and needs, or to support them in their goals. These services issued demands without supporting the family to learn how to meet these demands and therefore set them up to fail. Other agencies were also described as letting families down. One assessment report described a mother who, being physically threatened by her son and his friend who demanded her bank cards, called 999. She was advised to call 101 instead and the police failed to respond to that incident. These families had therefore learned to lack confidence in service providers, and this needed to be rebuilt.

It can be seen as a positive strength of Families Working Together that the full range of problems is identified within the assessment and plan documents and that other agencies are held to account for their failure to support these families. The keyworker plays a pivotal role in negotiating with

these agencies, supporting the rebuilding of relationships, and acting as advocate in defence of the family's needs and wishes where possible.

Family Progress after Exit

Out of the sample of twelve families, seven exited during the period of research. Five of these families consented to a follow-up interview, and therefore the research was able to record an account of their progress and their capacity to sustain changes after exit.

Two of the families had exited in the month prior to the follow-up interview. Both of these had a very positive outlook and were keen to continue the hard work. Important changes in their lives were taking place, with one family moving house to reduce their sense of isolation and risk. In the other family, the mother was taking a college course and getting some work experience, looking to long term employment opportunities. In both families, the mother's mental health was much improved and they were taking care of their own needs. The family home was being maintained to a higher standard and the children were being appropriately cared for. In one of the families, some recent difficulties had emerged with the behaviour of the children in school, but Mum was addressing this with support from the school.

Two of the families had exited 6-8 months prior to the follow-up interview. These families were also doing well and were managing changes, although not without some challenges. For one household, the terminal illness of a relative was unsettling things, although the young person was coping and was continuing to make further positive improvements in their life, becoming progressively more independent and less isolated. The other family faced on-going difficulties with one of the young people, who had now moved out of the family home and this was causing some worry. Nonetheless, the parent was doing everything needed to ensure appropriate arrangements and continuing to support the young person's school attendance. Unfortunately, for two other children, new difficulties were emerging in relation to physical and mental health which had an impact upon their school attendance. Again, it appeared that this was being dealt with appropriately, with support from school, health and other services.

The fifth family had exited twelve months prior to the follow-up interview, and had just been re-referred to the service. They had seen considerable improvements in their family for at least nine months after exit, but more recently there was a feeling that things were 'slipping'. The family's problems had by no means returned to the extent they were experienced at first referral, but Mum

was finding it difficult to stay on top of things. The older children, whose behaviour had been the cause of concern, now appeared to be more settled as they made more independent lives for themselves. However, the younger children were starting to demonstrate more challenging behaviours, partly as a result of some unsettling recent contact with their father. Mum's motivation was waning and she was not taking good care of her own health and well-being. However, she was keen to receive support again as she did not want things to return to how they were. She was pleased to be receiving that support from her original keyworker, providing consistency of experience for the whole family.

These five case studies demonstrate the complex journeys experienced by families during and after support from FWT. Progress is rarely straightforward and set-backs do occur. What is notable is that the problems which impede successful sustainability after exit are not necessarily the same as those initially addressed by the interventions. Different children, with different needs in relation to physical conditions, learning disabilities and mental health concerns, respond to their experiences of growing up within families with complex needs in varied ways, with challenging behaviours emerging at different points in time. The same solutions will not always be able to be re-applied to newly emerging problems. Parents need confidence and resilience as well as practical strategies to ensure that they can respond to challenges, and those who engage more pro-actively with support agencies are likely to have greater success.

Conclusions

- The profile of families identified for interview was similar to that of other families supported by services across England and they shared many of the same problems.
- There was clear evidence of progress in all of the families, although this was a complex picture, with some families seeing improvements in one area, accompanied by the development of new problems in another area.
- Families with children who had mental health problems or special educational needs faced particular challenges in responding to difficult behaviours.

- Parents who had mental health problems (particularly relating to experience as a victim of domestic abuse) found it very difficult to cope with complex family circumstances and had little confidence in their own abilities.
- Poverty, inadequate housing and social isolation were conditions of real concern for families. These conditions, however, were often beyond families' capacity to change, being under the control of a variety of public and private organisations. The families were largely at the mercy of the actions and decisions of these agencies (including central government policies).
- Families had been let down in the past by services who had failed to listen to them or to respond to their needs.
- Those families who had already exited the service continued to show improvements. Where one family had been re-referred, they did not demonstrate the range or extent of problems originally identified, but needed additional support to address some emerging issues, and to help them to maintain their changes.

Section 7: Family Interview Findings

Interviews with families offered a unique insight into the experiences of families identified for support by FWT. These experiences are arranged here into a number of themes, looking at the range of problems faced by the families and their emotional impact, their experiences of contact with other services prior to FWT support, the referral process and their attitudes to engagement, their relationships with the keyworkers and the different aspects of the support they provided, their perceptions of the changes in their lives, and their feelings about exit and the sustainability of outcomes.

Whilst the research intended to interview whole family groups, this was difficult in practice, due to the fragmented nature of the families, the older children's tendency to be elsewhere, and younger children's unwillingness or unsuitability for taking part. We interviewed only two fathers, and mothers clearly acted as 'gatekeepers' to the family. We were keen to include young people's voices in the research, but only five children took part in the interviews. A further two children provided additional research data through a questionnaire, and one child contributed an arts-based visual representation. In total therefore, the views of eight young people (from within five families) were included within the research, in comparison to twelve parents.

The Problems Faced By Families

Families talked about the varied and wide ranging problems that they faced within their lives. It is clear that some of the problems they experienced were the consequences of other problems, but it is difficult to disentangle them from one another, or to divide them neatly into causes and symptoms. The problems were also exacerbated by the fact that they were not experienced in isolation and therefore the damaging effects were compounded by the prevalence of multiple and interrelated risks.

Family relationships

The families were characterised by a history of disrupted and failed relationships, and family feuds or conflicts, which had quite damaging effects on the individuals involved as they struggled with the consequences:

“Well my family’s over the road and that but I haven’t spoken to them... my sister, my dad, because my mum died... my sister and my dad are over the road, then me and my dad had a big fallout ... and even though I speak to my sister now, we haven’t got the same bond that we did have before that happened.”

“I met someone on Facebook, unfortunately. Yeah, say no more. And I did move up here and then I found out he cheated on me and I’ve been here ever since. So there you go, that’s why I’ve gone off [men], I just carry on being single.”

“We don’t really talk to mum do we? No. We don’t talk to mum, because like she left when we were little.”

This seemed to be an intergenerational feature with parents also referring to their own difficult and fragmented childhoods:

“Because my mum and dad split up when I was, like, ten or eleven and it really hit me bad. I stayed with my friend and I was, like, peeing the bed at that age, you know, having nightmares.”

Domestic violence had been a very real problem in a number of households, with several of the women interviewed providing vivid accounts of the impact of living in a violent relationship:

“I was in an abusive relationship, very abusive. He would throw things, break things there was not a lot he didn’t do really to be honest.”

“I used to scream the house down because he used to grab me by my hair. It wasn’t like little bits of violence, it was full blown fighting, and obviously I could never remember where [my son] was. When they used to ask me “Where was [my son] when this has happened?” “Don’t know.” He used to near enough leave me unconscious and things, but we’re not... obviously nothing like that now. That’s how serious it was.”

For the children in the households, this clearly had a lasting effect, particularly where they had witnessed incidents of violence against their mother, and the mums were very aware of the continued impact upon their children:

“Me and my partner play fight and my little boy’s, like, “Daddy, no!” But they play fight, if you know what I mean, and it’s like as if he almost remembers the threat to it, if you know what I mean.”

“I think if it weren’t for the kids seeing what their dad did to me then I don’t think they would be as bad as what they are now.”

Within two of the families where domestic violence had been a feature of the parents’ relationship, the older son also became violent towards their mother after the father left and this was understood by the mums as a lasting consequence of witnessing the domestic abuse.

Parents struggled with their responsibilities to care for their children and to address their often very difficult behaviour within the context of these multiple disadvantages. They were very aware of the threat of action by children’s services hanging over them, and the additional pressures that that imposed in relation to their own confidence in their parenting abilities.

“I think that’s the hardest thing, being responsible for somebody else... being responsible for them, you know what I mean, every time they bang their head and... I mean, she is terrible at the minute because she’s just pulling herself up. They head butted each other yesterday.”

Many of the families had arrived at crisis point where their children were subject to Child Protection Plans, but the family were still struggling to meet the requirements of the plan and the children were on the edge of care when FWT intervened. Indeed, for these families it was the proximity to child protection proceedings which triggered the referral to FWT as a final strategy to prevent the children being removed from the family home.

Health

Families experienced a number of physical health conditions which provided added challenges for the individual with the condition, but also sometimes impacted upon the daily lives of all family

members. For example, in one family headed by a single father in ill health, a sudden hospital admission left the children to fend for themselves.

Mental health conditions, however, seemed to be even more prevalent than physical complaints, and certainly more debilitating for families. A number of the mothers talked about their experiences of depression (including post-natal depression and Seasonal Affective Disorder), eating disorders and more widely, lack of confidence and very low self-esteem.

Children whose parents were affected in this way faced particular difficulties and could take on additional burdens and responsibilities within the household relating to both everyday tasks and chores and supporting the parent's health care:

"If I don't take [my anti-depressants] I can feel myself going down in the day, if you know what I mean, and I get headaches and I could snap and... My kids remind me as well."

However, young people were also suffering from varying degrees of mental ill health, and family members of both generations provided accounts of suicidal thoughts or attempts to overdose. For families where both parent and child suffered mental ill health, these were particularly challenging circumstances:

"It's a constant worry of his mental health. Because I've suffered so badly with my mental health, I don't know if it's hereditary, you know, I don't know if I've passed it onto him and he's going to struggle with it or if it's just an adolescence phase that he's going through or... I don't know. You know, you don't know what's going through their heads."

For both generations, the connections between mental health problems and experiences of domestic violence were evident, although the direction of causation is complex and varied.

Children's and young people's behaviour

All of the parents we spoke to showed some concerns about the behaviour of the young people in their households. Sometimes, with the older teenagers, this was quite serious offending, including burglary and assault. A number of young people in the families had had some involvement with the

YOS and one had spent some time in a YOI. For other young people, their behaviour was directed within the family home, including damage to the property, bullying siblings, and domestic violence.

“In the past, not now, but in the past, she was a very violent person...She used to fight. She even threw chairs and everything at me. She even smashed my windows and smashed my telly.”

“It was to do with the behaviour of the children, damaging the property and the assaults that they’ve done on me most of all, and all the offences that they’ve done.”

Problems at school were also common, with a number of young people having been excluded as a consequence of their behaviour (one young person had had fourteen schools prior to FWT involvement), and concerns about truancy and low levels of attendance for others. There were many reasons for non-attendance: whilst some young people expressed their opinion that they just didn’t like school, or that the school was rubbish, there were also reasons related to the families’ varied and complex needs. Some children had evidently taken on caring roles and were reluctant to leave vulnerable parents at home alone. Families had difficulties affording expensive school uniforms, and in keeping them clean where they lacked laundry facilities at home. Problems with personal hygiene led to children having head lice or skin conditions that went untreated, and some children had physical or mental health problems or learning difficulties. It is therefore unsurprising that some of the young people talked about bullying at school; as one young man in particular described:

“I got bullied every day... which has kind of made me a lonely person, but, yeah, school did that to me.”

Some of the concerns about their behaviour seemed to be more related to child protection and ensuring the safety of the children, where younger children were playing outside unsupervised, or older children were involved in behaviour seen as more risky:

“Before they used to just run riot, jump out these windows here and go on the street.”

“Mixing with the wrong company, staying out overnight.”

“He wouldn’t come in when he was supposed to come in at night.”

However, it was clear that, for many of these young people, their behaviours were the result of long-standing problems within the family and of incidents that they had witnessed over a period of time, as parents did sometimes acknowledge:

“I think a lot of why they were getting in trouble was anger, something to take ... instead of like coming back to me and seeing me hurting, they were going out and doing like to take their anger out on other things.”

“My kids feel it really bad, they’re really naughty and just anxious all the time”

Social isolation

“Isolation’s been a lot for us and it puts a lot of pressure on us.”

Social isolation was one of the most common themes within the family interviews, and was of particular concern to mums, many of whom were within lone parent households. For some families, their sense of isolation was related to their lack of friends or family in their neighbourhood, so they felt that they were coping with their problems alone and had little in the way of a support network:

“I’ve been here nearly four years, but I’ve got no family here, so they [FWT] have been really supportive where I don’t feel like I’m on my own.”

“I think my support network is pretty small.”

Feelings of loneliness were also evident as the parents in particular gave accounts of their days with few social interactions and no-one from outside the household to talk to or spend time with:

“I don’t really talk to many people up here.”

“You see, I’ve got no-one. I’ve got no-one other than my kids to talk to.”

This was sometimes the unfortunate result of previous relationship breakdown, family feuds, moving house or bereavement, but was also sometimes self-imposed, with individuals retreating from society into the family home:

“I think I just shut myself off from anything.”

“I would just stay in, lay on the bed, watch telly, go to sleep, wake up. Sometimes I didn’t even used to go pick the kids up from school and it just got really bad.”

Frequently, this was related to difficult issues of mental health, with depression and low self-esteem clearly restricting individuals in their capacity to get out and about within their communities:

“I was too low in self-esteem to really want to go out the house and everything and I wouldn’t answer the door.”

“I hide... well, I wouldn’t say I hide in the house but I stay in the house a lot. I don’t go out very often and they’re trying to get me back out there and meet people and start socialising, and it’s unhealthy me keep staying in the house. I should go out there and, you know?”

For some families, their sense of isolation came as a direct result of the actions and decisions taken by services. Sometimes this was related to the loss of a service which had been valued by family members, leaving them feeling even more alone:

“Because the services have withdrawn, because of my son’s non-engagement, I felt very isolated”

Some were also concerned about what might happen if they ventured out in public, and how that might lead to further allegations about their behaviour and an escalation of service involvement. One mum talked about the impact on her son:

“Since he got into trouble he’s been ordered to stay away from certain people, he’s withdrawn into himself and doesn’t come out the house. He hasn’t been out since I took him out in October ... He hasn’t been out the house at all.”

For some families, it was the location of their (social) housing which exacerbated this isolation, and their sense of having no control over this, and therefore no way out. Their confidence in their ability to cope in future was often reliant upon their housing provider’s decision about whether they could be moved, and if so where to. The rural nature of Lincolnshire in particular contributes to a very

practical isolation, as poor public transport links in rural villages make life difficult for the large number of disadvantaged families without a car:

“Being like bang in the middle of nowhere there’s just nothing out here...I think this is just an area where they put people that don’t want to do a lot.”

“We’re not even on a bus route. It’s like three miles to the nearest bus and shop.”

“Mum’s giving me her car this weekend so it will be easier for me to get a job because there’s nothing round here.”

Trying to maintain engagement with services, which requires attendance at appointments, can therefore be much more problematic, as can meeting the requirements services ask of families in terms of children’s basic needs, such as buying food and nappies, accessing medical and dental care and ensuring attendance at school. Relying upon bus services (which are sometimes unreliable or non-existent) is time-consuming, leaving many families resigned to paying for taxis, an expense which they can ill afford.

Housing issues

Inadequate or unsuitable housing was a common theme within the family interviews. For a number of families the property was described as being too small, with children having to share rooms and a lack of family space downstairs. The follow-up interviews often discussed this issue in more detail as a result of families learning about changes to social housing rules (from 1st April 2013) to restrict the number of bedrooms that will be eligible for housing benefit. Some of the families were not affected by these changes either because they had no spare bedrooms or because the tenant was exempt (e.g. over pensionable age). One family had a teenage brother and sister sharing a room, which they felt wasn’t too detrimental given that at one point there had been six family members sharing that two bedroom property. Another Mum was so determined not to allow her two children to share a room in their two bedroom house that she slept on the sofa. In another household, although there were enough rooms for the children to have one each, one child was frightened to sleep alone in case another (disruptive and sometimes violent) family member returned home, and usually shared with an older sister for reassurance.

There were also issues with the maintenance of the property, particularly with damp and mould in rentals from private landlords who appeared reluctant to act.

“Since we had rain, along my settee, along my back wall it’s all damp, and in my kitchen and in my boiler it’s damp and electric points it’s damp as well. So he said he’ll do it, but he said he’ll try and do it before the winter comes, but he said it was going to be a messy job. A dusty job, more than anything.”

That is not to say that there weren’t issues around maintenance within council or social housing properties. One family home had been rewired, but the maintenance team had then left damaged plasterwork and coving and damage to the paint and wallpaper finish which the family had recently done as part of their home improvements with FWT. Finding the resources to redecorate was very difficult for these families. Similarly, another family had had wooden gates and fencing blown down in strong winds, but the social housing provider claimed that it was not their responsibility to replace this. As the family were not able to afford to re-fence, they were left exposed to thieves at the back of the house who stole a trailer with lawnmower and gardening equipment. At the latest inspection of their property, they were warned by the landlord about the poor maintenance of the garden and need to mow the lawn, which the family now had no capacity to do.

For some of the families, dominating and abusive male partners acted as an obstacle to effective home maintenance and improvements. Two of the Mums talked about not being allowed by their partner to decorate or care for the home:

“I did the whole of [my son’s] bedroom and I’d redecorated the hall and done the kitchen. And I’d just started redecorating my own way and [my partner] comes back and he’s just, like, “Oh we’re not buying more paint, we’re not doing this, we’re not doing that,” and it’s, like, put me off, if you know what I mean. Because I used to really like doing decorating and it used to take my mind off most of the things.”

“Well he never did anything, we weren’t allowed to do anything so the house wasn’t allowed to be decorated or anything like that.”

“Sometimes it was like, ‘Right we’d better get cleaned up in here’ and he would be like, ‘No we’re going to sit and watch a film’ and it’s like, ‘No I need to clean up in here’. ‘We’re going to sit and watch a film and shut up and watch it’.”

This reflects wider problems about the lack of support within the home for daily household tasks. It is certainly not unique to families with complex needs to see mums being responsible for the bulk of the chores, and complaining about the lack of contribution from partners or children. However, where these mums were also faced with additional burdens and disadvantages, such as the debilitating effects of depression, having the sole responsibility for transforming a chaotic home into a semblance of order looked like an insurmountable task. Traditional assumptions about the gendered nature of housework therefore remained an obstacle to families. For one mum it was easier to submit to the old regime than to instigate a new one:

“And now I’d just rather get on with it myself, if you know what I mean, and I can put it in perspective that he’s not going to do it so I’ll just do it, get on with it and it’s just him out the way, sort of an easier life sort of thing.”

For other families, the condition of the home continued to slip, and the chaos to escalate. A number of the children had no bedroom furniture when they started the project, and therefore nowhere to sleep or to put away clothes and other possessions. With a lack of transport to take unwanted items to the tip, rubbish built up inside and outside the property, sometimes taking over entire rooms. The possessions of partners who had left were sometimes boxed up and stored in the garage or other room of the house, again aggravating the sense of over-crowding and the inefficient use of space by the family.

The risk of eviction and possible homelessness remained ever present for many of the families, with concerns about rent arrears, the anti-social behaviour of some family members and failing to maintain the property or adhere to other conditions of the contract, for example:

“And then there were a knock on the door and it were the woman what’s in charge of [the housing] and she said, ‘What’s your lad doing living here?’ like, because he shouldn’t have been there, and then that’s when I did start stressing a bit because I thought... she said, ‘You’ll have to go because you know you’re not allowed children down here’.”

Two of the interviewees talked about their experiences of homelessness in the past, albeit for relatively short periods of time, with one young woman and her partner living in a squat, and another young man sleeping on the streets or staying on a friend's sofa. As a result, housing was often accepted by families, regardless of how unsuitable it was, because it was better than the alternative:

"At the end of the day when my dad chunked us out that was the next house for the next weekend, so it was either get that or be homeless."

"I just wanted to get off the estate. But I've been in here nearly a year now so hopefully I'll be able to go back on the housing list."

Although it might seem like a temporary measure when the property was accepted, it could be very difficult to move on, and could take some time, particularly if there were any rent arrears, complaints about anti-social behaviour or issues with the property maintenance.

"I want to move but they won't let me move because I've got rent arrears in the past because I've got an unsecured tenancy."

"Well I've been looking into private but they're going to want references from [housing provider] and then with all the anti-social behaviour they're going to tell them about ..."

"I'd like a little council house, but the waiting list might be, you know, it's all points system I got told here."

Many of the families also had (or had had in the past) problems with their neighbours, and whilst it is difficult to interpret exact events and incidents, it was clear from the families the impact that neighbour disputes had on their lives. They added to the family's social isolation as they became reluctant to go out into the neighbourhood and fearful about possible victimisation.

"I want to get out of this house because of everything that happened and because I'm too scared to let my kids play out because of next door like."

“You know, he’s like... he’s obsessed, basically. Continuously obsessed with us. As if he’s got to be telling the Council Officer what we’re doing, where we’re going, what time we’re coming back, what we’re doing all the time. “

“Well when we lived on [the estate] every other week we used to get our windows put through, brick through the window, and it is really scary.”

The families also identified the impact of problems in the wider community, given that many of them lived in areas with considerable social and economic problems. The high levels of unemployment, the prevalence of drug markets in the area, the lack of activities for young people and conflicts between locals and migrant populations were all discussed as contributing to their problems. Particularly vulnerable individuals with mental health needs or learning difficulties often found these circumstances particularly challenging to navigate, with uncertainty about who to trust. Getting this wrong could lead to families being subjected to exploitation by more cynical individuals and the local gossip networks that characterise some small towns.

“I don’t let myself get too involved because then you think ... they just want to know your business. That’s what [the town’s] like anyway isn’t it? They want to know all your business and then they don’t want to know no more. “

Having money problems

The families’ narratives frequently referred to the limits imposed upon their lives by the poverty they experienced, which prevented them from doing so many things they wanted or needed to do, from being able to live in the town in which their family lived, having a holiday or days out as a family, owning a car, buying white goods, furniture and other essential household items, and baking with the little ones:

“I couldn’t afford a washer at the time.”

“It would be a lot easier if I could [drive] but it’s affording it isn’t it. I struggle as it is.”

“It’s a lot of stress, isn’t it, getting the money to pay everything. I’d take them out a bit more if I could.”

“I mean, I used to cook cakes and that before, but I always cheat and buy, it’s cheaper to buy them.”

“I’d like to go back [to my home town], it’s just affording it, isn’t it, really?”

Most of the families were entirely reliant upon state benefits, and there were a number of incidents where their payments were reduced or withheld (sometimes unjustifiably), which threw families into further economic hardship. One family had a cousin come to stay to help with the home improvements, but this was reported by a neighbour as a co-habiting relationship and the benefits were stopped completely just before Christmas, leaving the family with no income. Another family let a relative stay for a short time who would otherwise be homeless. The family’s housing benefit payment was therefore reduced proportionately with the expectation that the relative would contribute to the rent. Unfortunately, he then left without paying his share, which remained with the household as rent arrears. Similarly, a family with a nineteen year old son were left with rent arrears because he refused to contribute to the family’s rental bill as the state expected him to, and his mum was powerless to recover the money:

“I’m struggling at the minute through rent arrears, which aren’t really my fault. It’s [my son] because he’s meant to contribute and he won’t, he won’t help me out...so obviously I can only pay when I can pay and so it’s got me in a lot of arrears at the minute but hopefully we’re sorting through that now.”

Debt was therefore also a common thread running through the families’ lives. Sometimes these were longer term debts for larger sums of money, such as the family left with a £15,000 legal bill following a custody battle for the children. At other times, debts were smaller and related to unpaid catalogue bills, pay day loans, and doorstep lenders. Christmas and birthday times contributed added pressure on families to make purchases they could little afford, so as to ensure they could provide gifts for the children, adding to their debts.

None of the parents interviewed fitted the stereotype of the benefit claimant who does not want to work and is content to live on benefits. On the contrary, they usually expressed their dislike for being “on the dole” and saw employment as the means to raise the family’s standard of living. Unfortunately, a number of obstacles prevented parents from returning to work, e.g., lack of transport (which limited the job opportunities open to them), difficulties with child care or finding

work that fitted in around the school day (especially where children in the family had special educational or physical health needs), physical and mental health problems affecting the kinds of employment that might be suitable for them, and the lasting impact of a criminal conviction when applying for positions requiring a CRB check. One young mum had considerable ambitions and talked about studying at university but felt that there was a lack of careers guidance for adults:

“It’s like kind of knowing where I want to be but not knowing how to get there. I think that’s the main thing ... like with the careers thing, there’s no careers service for my age, it’s not very easy.”

Many of the parents had had negative experiences of school similar to those of their children and consequently left without the qualifications or skills needed to enter to the workplace, for example:

“I was a rum one. Chucked out for smoking, didn’t do my work, used to fight, used to hurt teachers, just everything... That’s like what I was at school, I was just off the rails.”

Some parents had undertaken small amounts of additional training since leaving school, although sometimes this only reinforced their memories of school as difficult and humiliating places. One mum described the unhelpful attitudes of her course tutor:

“She was, like, really clever, like, trying to make fun of me sort of thing... And she was, like, ‘Oh every day I’ve got to pick on someone’.”

One individual was able to undertake some courses and workplace training during a stay in prison, which provided the much needed space to concentrate on learning without the added pressures of juggling the complex family circumstances at home:

“I think it was easier in prison in some respects because, like, that was the main focus because the kids weren’t there or nothing and, like, it was my main goal to succeed.”

For this individual, the prison sentence was a double edged sword, for whilst it provided some valuable opportunities, it also appeared as a lasting smear on her past. Families trying to move forward and let go of their difficult pasts were constantly reminded of them as they interacted with other services and especially in their search for employment:

“[It’s] because of my trouble in the past which I think last time, 2003, but because of that that’s what’s hampering my, you know, progression now.”

This was understood as yet another area in which the families remained powerless in the face of a set of rules and practices that appeared patently unfair and entirely insurmountable.

The Emotional Impact of these Problems

More important than the impact of any single problem faced by a family was the impact of the totality of their problems, and the way they experienced this on an emotional level. Most of the families interviewed had already been working with FWT for some time and therefore looked back at their life before the intervention with a sense of horror (literally), with descriptions such as “terrible”, “pretty rough”, “a nightmare”, “horrific” and “just horrible”.

The dominant narrative coming through the family interviews was of a life out of control, in which families were on a helter-skelter, heading further and further downwards and spiralling out of control. This was evident in the phrasing emerging out of different interviews about things falling away or going downhill or, as one family member said, “I’d let my life slip right down”. For one family this eventually came to a head and “everything just, like, stopped basically”. For some families, the slippery slope was so gradual that it took an outside agency to bring the slide to their attention:

“I didn’t even see it myself and that until they came on board.”

The sense of being overwhelmed by circumstances out of control acted to inhibit attempts to tackle the problems head on, as it all felt like too much to manage. Parents felt worn down and that they just couldn’t muster the levels of effort and energy required to turn life back around:

“It was just like it was too much effort really because of everything else that was going on, that was like the least of my problems and it actually probably wasn’t the least of my problems, but it felt like it at the time.”

“And, like, the days I feel really rubbish I’ve still got to get up and I’ve got to do everything and that’s the hardest thing for me, to be honest with you, because I just don’t... Some days I just can’t, I haven’t got the energy.”

Families talked about feeling ‘stuck’ within this nightmarish situation and of having no sense of being able to influence change. Life was described as “a struggle” and as being constantly against you, and one individual declared “I really didn’t like life at all”. Parents also noted the impact upon the children’s happiness during those difficult times, for example:

“The kids weren’t happy at all.”

“Yeah, she’s a lot happier. She’s not so sad and upset.”

The language of fear was also evident within the interviews, and it is clear that both children and parents found those to be “scary” times. Looking back on what happened was a frightening experience for families because they were aware of the fragility of their current situation and of the risk that life could slip out of control once again:

“But that is what I’m frightened of. I am frightened of that. It might go back.”

Experiences of Other Services

The complexity of these problems meant that most families had a long history of service interventions of one kind or another and had formed strong opinions about their usefulness. In particular, all of the families had had some form of social services involvement, which often went back a long time:

“Just social, yeah, I’ve had them all my life.”

“Just constant, police, council, threats of losing the home.”

“At one time we had 11 different [...] services on, and take it from me it was one big chaos.”

The consequence of this chaos was to leave families feeling overwhelmed and drained of the resources needed to deal with all the services who, as one mum described, had “taken up everything”:

“I have had so many over the years working with me and I feel a bit overwhelmed with them at times. So with my son’s anti-social behaviour I’ve had so many different agencies step in and I feel a bit overwhelmed with them.”

Some families had extremely negative opinions of the social workers and children’s services support they had received. In particular, it was perceived by some families as involving a very distant and impersonal approach, without any sense of commitment to the family from the social worker, who was often held to be personally accountable for the disappointing levels of support experienced:

“I don’t really see my social worker, she comes out when she can be bothered.”

“The social worker, I don’t even know she can call herself a social worker, to be perfectly honest.”

“I’ve got a lot of hate for social services. Now, I’m going to bring that back in in a minute, because it sounds daft when you say because of what social services have done I’ve got a lot of hate, my hate is with [social worker]. Right? The whole family’s hate. That’s why ... her boss turned round and said, right well we’ll put another social worker in, which was fabulous.”

The families perceived social workers as being driven by case-notes, formal records and data, rather than getting to know the family themselves and trying to understand their lives more fully:

“With the social workers, because it says it, then that’s true, they don’t actually get to know the family.”

“We were a case and not a family”

Families therefore worried about what they might say and how it might be interpreted, because once it was written down in the notes, it became ‘fact’ which they felt did not match up to reality:

“If I said anything, they’d write it up as in like I said this, but make it ten times worse. Yeah, it was horrible.”

“My chronology isn’t too good. But it’s mostly all lies and that, or stuff that they can’t actually bring up the hard evidence to back up.”

“But you see from what you read and now you’ve actually met me, I’m glad you met me first, and that you’ve not actually read [my file]. But then I think that you may find the plan a bit different to how I actually am.”

There are clearly some questions here for services about how they might present accounts of families’ lives which families feel represent their lives *as experienced by them*. This might require engaging with families on points of difference and noting disagreement in interpretation of ‘facts’. This approach could support family engagement with services through developing trust and honesty. Families felt judged by social work professionals in a way that undermined their confidence and which they perceived to be patently unfair, with one parent describing the family’s social worker as “she’s God, she’s judge, she’s jury”. They also described a social worker’s attitude of superiority and of looking down on the family:

“The social workers like to think that they’re above you because, well, they’ve got the title of social worker.”

In addition to this, they felt judged by members of the wider community, some of whom made allegations to social services about their parenting abilities:

“A bloke actually stopped me today and he said, ‘I’m not being funny but can you keep an eye on [your daughter]’, but I was doing it anyway because I always look out the window.”

“People poke their noses in, where they do, like, referrals to social services.”

“They couldn’t find anything, none of the allegations were true.”

It is therefore unsurprising that some (although certainly not all) families had had poor levels of engagement with children's services in the past, nor that some parents reacted violently towards social workers - one parent described having "nearly put their car windows through and nearly beaten them up".

Families had therefore learned coping mechanisms to help minimise the potential for services to find any cause for criticism, for example describing the need to "put a front on" and to make sure that cleaning and other jobs were done "for if someone came round". One mum talked about continuing with the interventions "until they are satisfied", which reflected their feelings of powerlessness in the face of services' decision making. This mum clearly did not feel that her opinion on whether she was coping or had made sufficient improvements in her life was of any consequence and the aim was entirely about satisfying services.

Not all families had had negative experiences of children's services and some could see that social workers had to respond to allegations or concerns, that they had a job to do:

"Where I used to live I had a lot of trouble and people used to ring social services up on me every five minutes and make silly little stories up about me, but social services have got a job to do, they have to enquire don't they?"

Some families came to recognise that engaging with the support offered by children's services can bring benefits, such as the parent who talked about their son's social worker helping them to find suitable accommodation so that he would not be taken into care, or the following family whose improved engagement meant that the social worker was able to access resources that would otherwise have been unavailable to them:

"Like, I never had a good outlook on the social services or anything, I wouldn't let no one in, if you know what I mean. Now I understand that they're not always there to take your kids off you, if you know what I mean. And, like, our social worker helped get us a bike trailer and washing machine, cooker and that when we moved in."

Referral and Engagement

Given the families' experiences of other services in the past, it is perhaps inevitable that they felt some uncertainty about the referral to FWT, describing themselves as "apprehensive", "a bit sceptical", "dreading it". They certainly didn't relish the prospect of another service getting involved:

"Well when they first came round I thought it was just another do-gooder basically."

However, some families recognised that this was because they didn't really know what the service provided or what to expect from their keyworker. Three families described having little power in relation to the referral process, with one family not knowing anything about the referral having been made, and the other two feeling like they had no choice in the matter:

"I didn't want to be [referred]. She said that she was going to and I said, 'Well I don't want to be but it looks like I am going to have to'."

"What [the social worker] said to me was that if you don't have [the keyworker] then the other two will have to stay on child protection plan. Like a blackmail type of thing."

Only one family said that they were "alright about it" from the beginning, but the other families did come to value the referral and realise that this could be something that made a difference to their lives. As one family said, "after a while I think it did help, yeah. I needed that support really."

For some families, then, although they did not *want* support from FWT, neither did they want to continue in the direction that they had been following, and therefore they acknowledged that they *needed* FWT intervention.

"We needed as much support as we could get at the time, as many workers and helpers as we could."

"Just glad I got the help when I did before I'd got too far because I think it would have been hard to work with then."

One mum simply took the path of least resistance into the service, saying that she just went with the flow. Another mum, who had found the FWT process difficult and did not really like the intrusion of services into her private life, described how she was willing to consent to participate for the sake of her son:

“I thought anything to help my son, you know, I’d do anything to help him, so I thought it might help.”

Unfortunately, having a choice about whether to accept the referral and engage with the project was not necessarily accompanied by other choices, such as for example around exit, which was sometimes forced upon a family without their agreement:

“Before I met [my keyworker] I didn’t feel like I had the choice but after I’d got to meet [my keyworker] I knew I had the choice kind of thing... Really if I had the choice I would have stuck with [my keyworker], not the other one, but it’s that they chose to stick with the other one and not [my keyworker] so really I didn’t have a choice in the matter. I just got a text to say, ‘Oh I’ve got to come and do the forms for signing off’ and that was all I got told.”

This lack of choice reinforces family perceptions that they are not empowered by service involvement, but rather subjected to the will and whims of complex organisational systems, in a way that reflects their previous experiences of other services and therefore does little to challenge existing barriers to engagement.

Positive Relationships with Keyworkers

“To get into a family you’ve got to befriend a family, and the family’s got to treat them as a friend”

FWT keyworkers were able to support families effectively because they befriended the family and earned their trust. Some family members even talked about their keyworker as being one of the family, and as like a daughter or a mother to them. Families appreciated the close relationships that they experienced with the keyworker, whom they perceived as very different from the other professionals that had intervened in their lives. As one parent describes:

“She takes the interest, not as a social worker but as a friend of the family.”

“The only person I confide in about them sort of things is [the keyworker], because I don’t really like to talk about anything else to other people because I don’t trust them.”

The keyworker was perceived as having a personal interest in the case, and caring about the outcomes for the family for more than just professional reasons:

“She’s not acting as a case worker or whatever it is you like to call her, she’s acting as a friend. She cared.”

“She puts her heart and her mind into it, and that is the thing that I’ve never had.”

These relationships of trust extended to the children in the families too, who clearly developed a bond with the keyworker:

“They, like, look forward to it, they get on really well with her and it’s, like, every Tuesday she used to go to school and they’ll go, “Oh [the keyworker] is coming to school today,” to do, like, work with them.”

“Oh, they love [the keyworker], you know, as soon as [my daughter] comes and [the keyworker] there, she always gives [the keyworker] a cuddle and she doesn’t want [the keyworker] to leave, basically, but she has to leave and go somewhere else, doesn’t she? Yeah, very good with my girls, they think the world of her.”

“When... she’s shopping with us and, like, my little boy holds her hands and things, so... You know what I mean, he doesn’t feel threatened or anything like that, so... He gives her kisses and he can say her name.”

These images of the keyworker’s interactions with the young people in the families illustrate the ways in which they go beyond the professional boundaries which often serve to alienate workers from their clients. In contrast to the family perceptions of the social worker, FWT keyworkers were seen as not looking down on families, being non-judgemental and open-minded, willing to give people a chance and look beyond the ‘bad reputation’ that they had on paper:

“She will understand rather than judge, which is a good thing.”

“But if you get people like [the keyworker] and that there, comes in with an open mind, because that’s what this actually is about, an open mind, then it’s a brilliant thing.”

They were seen as being able to *relate to them*, making families feel that they are on the same level, which is reassuring:

“No matter what situation anybody finds themselves in she can relate to it even though she’s not been there herself.”

“She just relates to people in a good way, not like in a judging... or, you know, like she doesn’t look down on you.”

This is not to say that the keyworkers did not maintain any professional boundaries. The families were for the most part aware of the limitations of their relationship, with one parent saying “she doesn’t tell me about her” and another saying “You know where it stops, don’t you.”

The families also talked about the persistence and commitment of the keyworker, giving them the confidence that no matter how bad things might get, she would still be there to support them, where other services in the past might have withdrawn their support.

“I try and get on with everybody, you know, and give them a fair shot and work with them and unfortunately they’ve withdrawn every time; when the going’s got tough they’re gone, you know, they’ve not stuck through, but [the FWT keyworker] seems to have stuck through.”

“I think she’s got a determination about her that... is determined not to go until she’s finished her job.”

This relationship building promoted engagement with families who were happy to open the door to her, when they might not have done so with previous workers, to listen to her and respect her honesty, even where it might not be what they wanted to hear. It enabled family members to feel

comfortable about letting a support service into some of the most personal aspects of their lives, and speaking freely about difficult things:

“I can say anything to her and not feel uncomfortable.”

“And I feel comfortable at her knowing my personal things.”

“Well my son, he has said that [the keyworker] is more like a friend and that he can talk to her about stuff.”

Sometimes, the ability (or inability) of the keyworker to break down these barriers might be shaped by their own characteristics and by the individual personalities and preferences of the families. For example, one young man seemed to respond to the family’s keyworker, whom he liked, and significantly improved his attendance at school (“I was going near enough every day when [the keyworker] was here”). Unfortunately, she left the service to take a post elsewhere and was replaced by another keyworker who struggled to build the same relationship with him, leading to school attendance problems once again.

One mum talked about her difficulties in talking on a personal level with her previous keyworker who was male:

“He’s so funny and used to make me laugh but I couldn’t speak to him because he was a male. I couldn’t tell him what I wanted to tell him but I just went along with him. Like he’d say to me, ‘Are you alright today?’ I probably wasn’t but I was like, ‘Yeah I’m fine’.”

Although she had no complaints about his approach, his personality or his commitment to the family, his maleness prevented her from feeling comfortable talking to him about some of her experiences. When the family were given a female keyworker, she was able to open up and therefore to move forward in her life.

Support Provided By Keyworkers

“Just anything and everything. She’s like Superwoman.”

Keyworker as problem solver

“She’ll go out of her way to sort things out, sort your problems out.”

One of the primary roles of the keyworker, according to the families, was to act as a trouble shooter or problem solver across the varied aspects of their lives and to support families in identifying the possible causes of the problems and potential solutions. The keyworker was rarely an expert in any one area, but their individual career backgrounds enabled them to support some problems with more knowledge than others.

1) Supporting the household

One of the most important ways in which the keyworker supported the family was in improving the home conditions, to ensure that the family could provide safe and comfortable living conditions for the children. Every family had examples of essential household items which they had been unable to afford, and which the keyworker had been able to access for them through charities or second hand stores.

“We’re trying to get [my daughter’s] bedroom sorted out. We’ve got it all decorated we’re just waiting for the carpets to come.”

“She’s helped me with wardrobes for the house and tables, chairs, anything that I wanted that I couldn’t really afford at the time.”

“Like they’ve helped me because I couldn’t afford a washer at the time, they’ve helped me with a Hoover and bought beds and made the home a lot happier and more comfortable.”

Before this work could be done, many families needed to clear rubbish, garden waste, unwanted or broken items that had built up over long periods, and the keyworker usually started with a skip:

“She said, ‘This has got to be cleaned up’. So they went and got a skip, and brought that here... I’d never have been able to do that without them.”

It is clear that the keyworker was not afraid to roll up her sleeves, put on the rubber gloves and help with the big clean up in the house and outside in the garden. There were also examples of the keyworker taking a hands-on approach to fixing household appliances; as one mum described:

“We had to drag [the washing machine] out didn’t we, try and fix the blooming thing ...flooded all my kitchen, didn’t it.”

Keyworkers were also able to teach families new life skills including healthy eating, getting the whole family involved with shopping and cooking, and trying new things. This supported families to be healthier but also to spend time together in the kitchen, with the children helping out:

“It’s opened me up to thinking well, I don’t have to have fast food all the time, you know, like frozen food. It’s a lot cheaper to actually cook from scratch, and it tastes a lot different, actually, than it does from the shop.”

Keyworkers were also seen as being a lifeline for some families without transport, as they helped to take isolated families shopping, get to school, attend appointments with other services and get to court appearances, which otherwise would have been difficult.

2) Supporting parents

A considerable part of the keyworker role is involved in supporting mums and dads to be more confident and effective parents. An important part of this is to establish some sort of routine within homes where this has been lacking, which supports both children and parents to be able to complete the tasks they want or need to do. Children’s bedtime and morning routines, which most families find difficult at some stage, can be particularly problematic in families with chaotic lifestyles and inadequate housing, so the keyworker supports families to promote good routines, using stickers and star charts to encourage younger children in particular, and finding other rewards for older teens. Whilst new routines can be challenging at first, there were examples from families of them reaching the point where the routine became a way of life and therefore no longer questioned:

“And he’s got it clocked in now where, you know, he comes and sits down, he knows he can watch telly ‘til ten to eight, then he goes to the bathroom, then he goes to the bedroom,

then he gets ready, if he's got time he sits down... He knows, he's got a routine and that's his routine."

"Now it's just ingrained. It's like [my son] goes to [nursery] school on a Monday and Tuesday all day and that's all I'll do, just clean up when he's at school."

In some families the keyworker role was about supporting parents to introduce rules and boundaries where previously these had been weak, and to promote consistency in responses to behaviour that challenged those boundaries:

"It's like discipline but not discipline as in smacking discipline kind of thing, it's like the step and stuff like that."

"It just, basically, now is to try and discipline my children and not let them control me. It should be me controlling them."

For many of the families, the keyworker had suggested the Triple P parenting programme, and, whilst some found this to be useful, others found it to be confusing, contradictory, inflexible and unrelated to their experiences of family life. The latter parents needed to use some of their own creativity to see how it might be valuable in their homes; as one describes:

"I read those chapters, I'm up to about chapter 12 at the moment. Now I'm putting my own way, in other words, I'm trying to think in my mind what they're getting at and put my own version into it. And I've got to admit, doing it that way, it works."

For some families with very young children, the keyworker was able to reinforce some of the work of the health visitor in helping parents to learn how to look after their children, keep them safe, encourage development through play and tackle potty training.

The keyworker also helped parents to develop the organisational skills that are needed to manage a family effectively (particularly where it is a large family with a variety of support needs for each member) and to engage with the services from which they receive support. At first, families might need more direct help to attend appointments, make telephone calls to services, and pay bills. However, the keyworker approach is to enable families to move towards doing these things more

independently. Practical strategies to help with this include giving the family an organiser in which they can keep all the paperwork they receive from different services and their contact details, having a diary or wall calendar to mark up dates for appointments, setting up direct debits for payment of bills and, for some families, emergency planning.

Helping the family to manage their finances more effectively was another area of support provided by the keyworker. This included undertaking budgeting work to look at income and expenditure and help families plan so that they have the essentials. For families with electricity provided by a pre-payment meter, or who need to buy heating oil, running out of money can mean choosing between paying for heat or food for their family. Given the levels of debt amongst these families, work to address this inevitably goes hand in hand with budgeting. Creating viable and sustainable repayment plans, for example to pay back rent arrears, and shifting debts from high interest payday loan companies to community credit unions, does much to reduce the economic impact of debt upon families with low incomes and the anxiety that accompanies it.

The keyworker also supported parents to ensure that the family were receiving all of the benefits they were entitled to, helping them to complete complicated application forms and explaining to them the impact of changes in circumstances upon the benefits they received. Families found the benefits system complex and difficult to navigate at the best of times, but were particularly vulnerable to any change in the status quo. Keyworkers were therefore already working with families to look at how they might be affected by the coalition government's overhaul of the welfare system.

Keyworkers also worked with parents to help them access employment opportunities, although very few of the families had successfully found paid work during the period of intervention. One mum had taken a temporary job, which had provided much needed funds in the run up to Christmas but was not really the rewarding work that she envisaged for herself:

“I was really panicking about Christmas and all my wages I just put straight into Christmas presents and they had a good Christmas and it was all worth it. It was the most boring job in the world, it was absolutely mind numbing but I'd just think like Christmas is going to be good.”

The keyworker supported parents in meeting the requirements for receipt of Job Seekers Allowance, such as CV building and filling in application forms, attending basic skills or work preparation courses and undertaking back to work interviews. Parents attended a variety of courses, for example English and Maths qualifications, traditional play, child safeguarding, floristry, and IT, and one individual had signed up to the Open University to study criminology. Some parents were encouraged by their keyworker to do some voluntary work as a means of developing workplace skills and experience and also boosting self-confidence.

The keyworker also supported parents with their own social development, through accessing medical support for their mental health needs, and looking at strategies to counter their sense of isolation and loneliness by getting them out into the community to meet people. They also supported them to think about how to make genuine positive friendships rather than relationships based upon exploitation. Families reported making more friends and improved relationships with their community as a consequence.

3) Supporting children

The keyworker also worked closely with the children and young people in the families to address some of the problems they were experiencing and looked to understand the underlying causes of aspects of their behaviour that were seen as problematic.

The keyworker supported young people's education in a number of ways, most importantly by promoting attendance at school and addressing reasons for lack of attendance, and by supporting the young person in doing their school work. For young people worrying about not having the necessary school uniform, the keyworker looked to access resources either within the school or from charities to enable the family to be provided with the uniform, and importantly to put in place a sustainable system whereby this would be provided in future school years also:

“Because I’m going into my high school she’s been helping me get all my clothes ready and stuff ... she’s actually organised it so that one of the teachers, I can just tell them if I need like some new trousers, and until I’ve finished at secondary school they’ll get me all the stuff.”

The keyworker also worked with the young people to address issues of crime and anti-social behaviour through exercises around risk taking and consequences and providing information and education about the criminal law and youth justice. Several keyworkers also arranged for the young people to attend a weapons awareness programme from another agency, and to take part in more positive activities as a longer term strategy to prevent anti-social behaviour.

Working alongside this was the keyworker's approach of rewarding young people for positive changes in their behaviour. When the young people in the families were asked to recall the best part of the FWT intervention, they inevitably talked about the occasions when the keyworker had taken them out for a treat:

“Probably when me and [my sister] went to McDonald's on the opening... It was a reward for the whole family, and also I think was kind of like a goodbye present.”

“Where she treated us for a drink and tacos and took us bowling.”

These 'treats' were used as rewards for the families' hard work and effort in addressing the issues highlighted in their plan, and were a particularly effective way of engaging young people who tended not to have the opportunities to eat out in restaurants, go bowling, go-karting or to the seaside. Sometimes even the promise of a hot chocolate in the local coffee house was enough to motivate children into action. These trips outside the family home were also an opportunity to share a moment of fun and to build relationships, both within the family and between family and keyworker.

Other rewards included painting a child's bedroom or buying new items for their room, which acted both as an incentive to the young person and as a means of improving their living conditions, and enabling them, for example, to have a friend over to play. Parents were also encouraged to use rewards schemes as a means of incentivising co-operation and school attendance, sometimes linked to pocket money or to other treats. For the most part, the young people enjoyed working with the keyworker (“It was cool”), who made the activities fun for them.

A number of the young people also had health problems, which the keyworker was able to support them with, including both physical conditions and mental health concerns. Where necessary, the keyworker signposted to other health services, but still played an important role in supporting engagement with and attendance at these other services. One teenage girl with a father as lone

parent appreciated having the (female) keyworker accompany her to medical appointments where she felt she would have been embarrassed in front of her Dad. The keyworker also worked with young people to help them maintain healthy lifestyles more generally, including issues of sexual health, diet and exercise, alcohol and drug misuse and smoking. As one parent explained:

“She used to smoke about 20 or 30 a day. Roll ups. Lucky if she smokes two now, because [the keyworker] has got hold of her and explained things to her, what it’s doing to her body and everything else like that there.”

Keyworker as moral support

During the family interviews, it became clear that the support provided by the keyworker extended far beyond practical problem solving tasks, and was valued for its less tangible features. The keyworker provided much needed psychological support, which enabled families (and particular individuals within families) to feel capable of making the necessary changes.

For many families, the keyworker acted as a source of motivation to make changes in their lives, often using the analogy of being given a push, a boost, a lift or, for two families, “a boot up the bum”:

“So that’s what I mean, she motivates me to do things, where I’m such a laid back person, you know, she says, “Right, get out and do things,” and that’s what I do. It is hard for me to motivate myself, but I do get there. It’s not a bad thing that, is it, really?”

And when things got difficult and they felt like giving up, families reported that it was really the keyworker that gave them the motivation to continue:

“She gives me the will to carry on.”

“She gives me the incentive to actually go a bit further, whereas before, you know, I’d be just sat here thinking, “F*** it” basically.”

The keyworker’s ethos of praising successes rather than criticising every problem clearly acted to encourage families to progress further. As a result of the strong bonds and sense of loyalty

established between the family and the keyworker, there was a sense of not wanting to let the keyworker down, and even a desire to do more than what was expected of you in order to please her and show how well you were doing. As one mum confessed:

“Even when she’s saying that she’s going to come round and help me I’ll make sure everything’s done before she comes round.”

The most common descriptions of the keyworker were “helpful” and “supportive”. For families who had poor support networks this might well be the first time they felt that someone was there to *help them*.

“And you need somebody there, you don’t want to think, “Well I’ve hit a situation here and I’m struggling, what am I going to do?” you know, ‘How am I going to handle it?’ To have somebody there just to support you and probably help you through it, ‘Well this might be the best way to do it or that might be the best way to do it’. You know.”

This perception of help and support was contrasted with the services they had encountered in the past, with many families claiming the keyworker was *more* helpful or *more* supportive. These families saw the keyworker as providing moral support in their interactions with other services:

“Yeah, you know, like, when social services get involved you’re very nervous, you know, are they going to take the children away? All sorts of things run into your head, don’t they? But I find with my key worker I don’t have to worry about that because she’s there to support me and I know that my children are not going to get taken off me and she’s there to support me, and that I’m not there on my own, I don’t have to battle everything on my own.”

Knowing that you aren’t alone is clearly important and a problem shared may well be a problem halved. For many of the families, the most important feature of the support was just having someone to talk to about their problems, and importantly knowing that someone cared enough to listen to what they had to say, and respected their opinion on the matter:

“I don’t care what they say, if they had this, you’d have no need for social services, you could do away with them, because that is what the majority of families need now, they need a friend who they can speak to.”

“It was really good because we used to go out, and sometimes just go out and have a chat, a drive about. And it was really helpful because I could actually talk to someone.”

“I thought it was really great because like most people don’t even listen to you. But, yeah, they actually do listen to you and it’s really great.”

“She’ll ask me what’s wrong rather than saying, ‘Oh yeah, well you’ve done this you’ve done that’, you know, where most kinds of people will do.”

For both parents and children, having someone they could talk to *confidentially* was important:

“You can go to them, and whatever it is, unless it’s something legally wrong it’s confidential.”

“They’ve just been like, “So, how’s things at home?” and literally try and force an answer out of us, but [the FWT keyworker], she was like, “You don’t have to answer if you want and if you do want to answer and you want me to keep it quiet I will.” And it’s really good because it’s like private and confidential. So like yeah.”

This was particularly valuable in families who felt that, in the past, they had been misrepresented in formal written records and were reluctant to add to this further by speaking ‘on the record’ about certain issues. The keyworkers were skilled in balancing the need to reassure families about confidentiality with their legal obligations especially around safeguarding children.

Keyworker as advocate

All of the families were involved with multi-agency support for the family through TAC, CiN or CP plans. The keyworker played a vital role in supporting families both to physically attend plan review meetings and to articulate their opinions and preferences within those meetings. The meetings could be intimidating to families where they felt themselves to be marginalised within a room of professionals:

“I always used to cry ... I used to look at these people and think, ‘Who are you, what you here for?’ They’d probably tell me but it just didn’t go in my head because they were that

many round me and I just felt, I'm all on my own here. What do I do? I've got council there, I've got ASBO there, I've got police there and education welfare there and I'm thinking ... It just felt like it was too much."

Such formal systems of support were often accompanied by a good deal of jargon and complex terminology, which families could find difficult to penetrate. Keyworkers therefore had a role in 'interpreting' and making this language more accessible:

"Well then she took it out of the psychologist way of thinking into the normal every day way of speaking. Right? And for her doing that, I could understand it more."

Families viewed the keyworker as a buffer between themselves and the services, being able to challenge the actions and statements of other key professionals in a way that families would be unable to do:

"Where [the social worker] is... was, should I say, slating me, [the keyworker] will pick her up on points where, you know, nobody else has really."

"[My keyworker] put that forward. And, yeah, they was like, "Well, you got me there," so they backed off a little. And eventually just backed off, so I was really grateful for that, because then I don't have the stress of them peering over me every two seconds."

The keyworker also acted as advocate in terms of demanding that other services fulfil their responsibilities to the families, for example prompting the council or housing association to conduct repairs to the property or challenging benefits decisions where they were incorrectly calculated.

One of the key roles of the FWT keyworker is to take the lead in managing a more effective co-ordination of the numerous services involved in the family, creating a more streamlined and integrated service support package for families in place of the chaos and confusion experienced before:

"I don't know if you know the phrase, too many chiefs, not enough Indians. That's what it was."

“They talk together good. If there’s something wrong with the family [our keyworker] will talk to [our social worker] about these things. If [our social worker] finds out something as regards to improving the family life, she will speak to [our keyworker] about it and sort it out between ourselves.”

Sometimes this involved identifying gaps in support needs and therefore signposting families to other sources of specialist support which families were unfamiliar with or unable to access:

“They got me to go to the right people.”

“They’ve probably just opened my eyes to things that I probably didn’t see before. That there is help out there, it’s just I don’t ask for help but it comes.”

Keyworkers were responsible for brokering numerous services for the families, for example CAMHS, Positive Futures youth activities, Community Larder emergency food parcels, Barnardo’s Think Family volunteers, disability services, debt counselling, Working Links and further careers guidance.

Negative Aspects of the Experience

Even though for the most part families appreciated the support of the keyworker and made considerable progress, they didn’t always enjoy the experience and found it to be a difficult process at times. The keyworker did not always give the family the news they wanted to hear, and might tell them some uncomfortable home truths. The process was also demanding in terms of time, effort and commitment to try new things, and was certainly not seen by families as a passive support experience or a soft option:

“It’s been really hard work for me.”

“I found it difficult but she did help a lot.”

“It was hard at first but we got there.”

It was also emotionally demanding and required individuals to open up and share very private aspects of their lifestyles and of their own personal histories and experiences. For one mum this was a difficult experience:

“It has been very hard to let somebody into your life and talk to them about everything that’s going on.”

“If I’m not okay I don’t really want to go telling anybody that I’m not okay, if that makes sense.”

So whilst the commitment and persistence of the keyworker was welcomed by some families who embraced her as one of the family, for others it could be seen as intrusive and overpowering.

When families were asked what other support they would have liked that was not provided by FWT, very few areas were identified, which is testament to the holistic wraparound support provided by the keyworker.

Two families suggested more mental health and counselling training for keyworkers to enable them to support more effectively:

“I think... umm... they should have a little bit of mental health training because an awful lot of people suffer with mental health problems, especially in poor families. The types of families that they might engage with, there’s going to be battles and struggles going on within those families so I think maybe a bit of insight into mental health would help them, maybe just like a training course of some sort.”

This was seen as making economic sense as well as being a better way of supporting individuals, as it prevented them needing to be referred to yet another service and being faced with retelling their story to yet another stranger with whom they had no established relationship of trust. One family said that they could have done with the help much earlier so as to avoid the prolonged difficulties they had experienced:

“If they had stepped in to begin with at the beginning of it all, this wouldn't have lasted five or six years, because it could have all been done.”

Another family expressed disappointment that FWT could not offer support at night to deal with young children's sleep problems and would have liked the service to provide this.

Two boys of secondary school age, from different families, both expressed higher levels of dissatisfaction than the other children included in the research. They felt that the keyworker was not helpful and had done nothing to support them, that they had little say in the family plan ("What family plan?"), and one boy particularly disliked "being treated like a five year old". Embracing the support offered by the service appeared to be particularly difficult for young people who felt themselves to be targeted as the cause of the family's problems and did not perceive their own behaviour to be damaging in the way that others saw it.

Changes within the families

Families provided accounts of numerous changes they had seen taking place within their families. These encompassed both practical and attitudinal changes and can be grouped under three headings:

Taking control of life

One of the most significant changes for families was in the emotional resilience of the family members, and the parents in particular. Their feelings, prior to FWT support, of being stuck in a nightmarish situation that was out of control, had worn down their optimism and sense of hope or expectation for the future. A number of the parents who were interviewed in the early period of intervention were unable to offer any comments about the future and what it might hold for their family. In contrast to the images of a life spiralling out of control, families who were making good progress had managed to (re)gain control over their life and to develop a sense of agency and influence, being much more able to perceive of a future and to look ahead:

"I've got to let go and live for the future and not live for the past."

For some families who were continuing to be supported by the service this was still a "work in progress" and their journey was being undertaken "one step at a time" or "day by day", but they were beginning to see a light at the end of the tunnel which had previously been extinguished.

During the interviews, families frequently used the term 'hopefully'. Whilst to some extent this reflected the sense of on-going uncertainty and insecurity in their lives, where nothing was ever guaranteed and they had little influence over the outcome, it also marked a more positive outlook on the future, in which the possibility of progress was recognised in a way that could not have occurred prior to the intervention:

"I think it will be ... hopefully be a better place than what we are in now."

Families also talked about the happiness in their families that had developed as a result of FWT support. The mood had changed in the household, with less stress and upset and a greater sense of well-being:

"Well we're all brighter now, we're not all like sad faced any more."

"Now they were coming, I was happy every day."

Having support enabled parents to feel more relaxed and less anxious about the problems that they experienced. Some parents talked about acquiring a new found sense of strength to tackle their problems, whether that involved finishing an abusive relationship or taking control of the children's behaviour, and of being able to "bounce back up" when they experienced a knock back or disappointment.

Families used the metaphor of "turning around", that is, being brought back onto the right path or track and moving forward down this new found road, getting out of the rut that they had found themselves stuck in. They talked about "getting through it", "going uphill" and "keeping going", which reflected a commitment to positive, forward moving trajectories in their journey. This stands in marked contrast to the descriptions of either stagnation or negative trajectories within the families' descriptions of their lives before FWT support.

The families were active participants within this journey, acknowledging the necessity of their own input. Central to this was that families wanted things to be different, and that they knew what it was that they wanted to see change. They described the moment when they realised that they needed to try, or to give it a chance if it was to work, and the need for their own on going effort to maintain the direction of travel:

“You’ve just got to put in a little bit of effort.”

“Just keep working hard.”

The families seemed to enjoy the process of making changes *for themselves* or “sorting myself out”, as that was rewarding in itself, to know that they were capable of doing it and that they valued themselves enough to put in the effort required. One young man described:

“I was happy every day because I loved helping myself. I found it really good that I was doing it, because it’s something that I never done before.”

There was a sense of greater confidence and higher levels of self-esteem within parents who had previously struggled with this, and a desire to prove wrong those who had low expectations for the family. As one parent described about the biggest change for her:

“Being able to hold my head up and not down. I can look at people now and not like look away... now I can actually look up and smile.”

One young mum described it as a process of growing up and “being more cautious” with her children, taking fewer risks, whilst for another parent it was a discovery that there was “more to life” than what the family had settled for in the past. Indeed they looked back at their previous life with a sort of embarrassment, as they realised how far they had travelled:

“I’m not proud of how it was then but then the improvement... how it is now is different.”

“I just feel really embarrassed, if you know what I mean, like, ‘I’m really sorry for, like, the so many years of rubbish I gave you’.”

FWT support was therefore experienced as a process of self-discovery and of building emotional resources, which could create greater resilience in coping with what life throws at you.

For some families the sense that their lives had been tumbling downwards was now over and they could see things “starting to build back up again”, acknowledging that they had changed the course of their lives permanently:

“I’d hate to think now, now I look back. I don’t know, I think it would have been a sad ending.”

This perception of a narrow escape from tragedy was a common thread in family interviews, with several individuals expressing that FWT support had saved their lives:

“To be honest, I might not even be here if it wasn’t for them.”

“I’d probably be dead.”

“I think I’d have probably committed suicide.”

“I don’t know whether I’d be living today.”

Becoming a ‘family’

In spite of their complex and fragmented family circumstances, the households still had a strong sense of what it meant to be a family, including the roles expected of mothers and fathers within that family structure. They sometimes recognised themselves to be struggling to meet these expectations and they saw FWT involvement as an opportunity to support them to achieve that:

“It’s supposed to be you, when it’s supposed to be Mum’s job.”

“I’m trying to do a father and a motherly role, which is an impossibility.”

“It’ll mean we’ll have to like... it’ll be a bit trickier but I think doing what [our keyworker] told us to do we’ll become like a proper good family.”

Some families already had a strong sense of themselves *as a family*, and expected the keyworker to take that on board and work around *their* version of what family life was like. As one young family member said in praise of their keyworker: “She kind of gets us as a family”.

One outcome of the interventions was families spending more time together *as a family* rather than as a collection of individuals. This was sometimes achieved through re-organising domestic space and buying some furniture:

“And that’s why she’s got me a table, so we can sit down and just have quality time instead of, you know, my oldest one goes upstairs in her bedroom, and the other one just sits next to me ... it’s just nice to get all the family working together, you know, instead of against each other.”

But it was also about encouraging parents to spend more time with their children and take more of an interest in what they are doing:

“I’m interacting more with them and doing things, like, with them like taking them out, like, to the park or something like that and reading their books and doing their school work with them, where before I didn’t really do it and it was like I let them get on with what they wanted to do.”

“Just supporting us as a family really because, like, we seemed to drift apart... I mean, my partner and I and it’s just really encouraging us how to do things together, and things like that, as a family.”

As a result, most of the families described how they had achieved improved family relationships, with less conflict in the household and stronger bonds between individual family members:

“The important thing they’ve done for me is help me build a relationship with my kids.”

“We’re not arguing now like we used to. We do argue a little bit, but I don’t think there’s a family going that don’t argue.”

This final comment on becoming a stronger family continues the narrative of understanding what families are like and identifying one's own family behaviour within the boundaries of what is acceptable, normal or healthy. Keyworkers played an important role in working with families to explore what this meant, and the ways in which families can differ in their structures and relationships whilst still being an effective family unit. Policy makers and practitioners need to understand the dangers of interventions that further damage the fragile relationships within the family because they act to divide and rule rather than to strengthen family capacity:

“[Social workers] were making suggestions to me about my behaviour bringing them up, how to bring them up, and I was trying to do it, and the result was the little bit of love that we had between the family, went out the window. There was a great big wall built up. ‘Oh Dad, you’re always listening to what the social services says. We don’t agree with that’.”

Services therefore need to see ‘family’ as a resource that can support and accelerate change, and to take care to access the families’ own interpretations of who that might include, for example parents or children who do not live within the household at present but continue to be influential on those who do, or others who reside in the household but do not fit the framework of the nuclear family.

Keyworkers also played an important role in recognising *difference* within families, and addressing the needs of individual young people especially. Whilst it is clear that the experience of being a family with complex needs can affect the whole household, it is also clear that not everyone in the family is affected in the same way. Some children may demonstrate more resilience than others in the face of adversity and just seem to get on with their lives, some children may express their difficulties through aggression whilst others become more introverted. The keyworker role therefore needs to remain focused on the ‘family’, but with an eye to the needs of individual family members and the conflicts that might arise out of this.

Positive outcomes for children

The motivation for many parents to engage with the service was to improve life for their children, so as to help prevent them from making the same mistakes and therefore suffering the same difficulties that they had faced. This continued throughout the intervention, with one mum describing how it was her kids that helped her to keep moving forward when things got tough.

Parents wanted to set a better example for their children, and to prevent their children experiencing some of the damaging features of their own lives, such as family violence.

It was therefore encouraging to see the range of positive outcomes for children described by the families. In many of the households the level of service need was scaled down for the children, with a number of children being taken off their Child Protection plan, and others no longer needing statutory children's services support at all, but with continued multi-agency support from a Team Around the Child.

Children's living conditions were much improved, with some children being provided with beds, bed linen, storage and curtains, enabling them to develop more appropriate daily routines, and with other areas of the family home being cleared of debris or made safe in other ways. Some families now had the necessary appliances to cook hot meals and to wash and dry clothes, which they had previously been unable to do, enabling parents to provide for their children more effectively.

Children were described as happier, less frightened, less anxious, and quieter, listening to parents and responding to the boundaries and rules put into place rather than "running riot". The outcome of all these changes in the children's lives was evident within their development, with children starting to enjoy school and to see real progress in their levels of attainment. Parents described how young people who had had considerable attendance problems at school had improved their levels of attendance and started to achieve:

"[My son] wouldn't go to school, he was being naughty, just truancy all the time. I was sending him to school, but he wasn't going to school... But then a year on he's come out with five GCSEs."

"They're actually, like, slowly catching up with the rest of the people in the class."

"[My son] is starting to talk finally now he's at playschool."

For one child, school had been described by her teachers as little more than respite from the distressing situation at home, and she was unable to concentrate enough to actually take part in the activities. She now enjoyed school and was making progress. Another teenager, who had been excluded from a number of schools, was now attending regularly and hoping to go to college in

September. Not all of the young people had responded positively in this way and the keyworkers continued to work to support those who refused to attend school, and their families, looking at different strategies to tackle this problem.

Exit and Sustainability

Families approaching or at the point of exit, who had memories of the “horrific” and “frightening” circumstances from which they had escaped, had a firm determination not to return to those problems:

“No, I thought I’m not going to let it go back there again.”

“I thought, ‘Oh I’ve got to try it haven’t I?’ I couldn’t just ... not let it all go back after I’d done so good.”

“I don’t want to go back to where we was this time last year.”

“It might go back. I know it’s not saying much for me to think well I’m going to slide back.”

Families’ fears about ‘slipping back’ or ‘going the wrong way’ were exacerbated where they felt they had experienced this in the past. One family described two previous professionals who had supported the family and who they had come to rely upon, and how things had ‘slipped’ back after their exit both times. Families who become overly reliant upon the keyworker may be more likely to feel a sense of abandonment after exit, and to have difficulties maintaining the changes. However, it is clear that trajectories for families are by no means only one way; as one family says:

“Just keeping moving on forward, not going backwards, because we seemed to go one step forward and two steps back.”

Moreover a ‘relapse’ does not have to indicate a family’s failure to sustain a more positive outcome in the longer term. One mum whose family had already exited prior to the research interview described how they experienced such ‘blips’ once they were left to maintain things on their own:

“I think what it was is because the police were knocking at doors for stupid things and I just thought they were just getting back at me because [my keyworker] wasn’t working with me and then I was just thinking everything wrong again... I did have a little bit of a bad thing, but then I thought, ‘I’ve got to work my way back up it again’.”

Some families talked about the importance of “sticking at it”, demonstrating an understanding that this was a long term project and not a quick fix. Interpreting setbacks as ‘blips’ within an otherwise forward moving trajectory, rather than as a complete U-turn for the family, was therefore key to sustainability, and a family’s capacity to do this might be shaped in part by the package of support available to them after exit.

Families who were approaching exit or had already done so identified other sources of support that were being put in place for them. On a formal level, this included referrals to Working Links (a European Social Fund employment service), Targeted Youth support workers, and to Barnardo’s for Think Family volunteers. More informal support arrangements, however, were also built around the family. For example, one mum was volunteering at a local play service for children and was supported by the other staff at the centre, and another was supported through the mother and baby group at their Sure Start centre. Encouraging such new networks of support before FWT exit, so that the families already felt a sense of reassurance when exit took place, was very important to them. However, it should be noted that many of these support opportunities were for individual family members only rather than for the family as a whole, and this had to be managed with care in order to maintain the sense of family identity achieved through the interventions.

In spite of all this, some families were worried about the prospect of exit and what that might mean for them:

“I can now put it on the record, part of it is that that is coming to an end, and personally speaking, that is what I’m worried about.”

“She’s like amazing obviously... Yeah. It’s a real shame she’s going.”

The most common response from families was the concern that they would miss their keyworker, who had now become a trusted friend, one of the family, and a regular visitor to the household:

“I think I’ll miss them because they’ve been there since October”

“But I personally think that she’s going to be sorely missed.”

“That’s what I do miss, like [my keyworker] not coming, and I do miss that but I know I’ll sometimes see her around or I’ve seen quite a bit of her through doing all this haven’t I so it’s not like we’ve just gone back separate ways.”

In contrast, for other parents, the prospect of losing the keyworker was seen as a positive move, as it was a reflection of their ability to parent and to cope on their own:

“Yeah, it would be nice that I could think, like, yeah, I can survive without [my keyworker].”

“I was alright actually, I thought it was about time, yeah...just to stand on my own feet.”

“Now I’ve finally got rid of them.”

Of course this could feel unsettling for families who had become used to seeing numerous services in their homes for many years. As one mum describes:

“It does feel good because I’m seeing people less but it’s just when you’re used to seeing people then you don’t see them it’s just, like, ‘Whoa, what’s gone on here?’”

Families were therefore very reassured by the commitment that the keyworker would continue to be there for them, if they needed it, and that they could contact them in future:

“No, she’s always said even if, you know, she goes, if I ever want to change my mind she’s always going to be there.”

For one family, this was an essential lifeline: a very serious incident of domestic violence occurred after exit, and it was the keyworker who dealt with the aftermath of this, offering emotional support to both mum and her young children.

It Works!!!

The families tended to finish their interviews by expressing a desire to feed back to Lincolnshire County Council the importance of the project, the impact it had had on their lives and the need for it to continue in future:

“110% that it has worked, amazing!”

“They’ve just done a really good job, so just carry on, just carry on what they’re doing now. I wouldn’t change anything really, just carry on whatever they do, just carry on with that. You can’t really do anything differently.”

“So it’s a good thing that it’s brought in, but with the government how long it lasts I don’t know because they’re always cutting stuff out, but I think personally if they ever do away with that team, they’d be doing the worst thing they could ever do.”

Conclusions

- Families experienced multiple interconnecting problems which had built up over a long period of time and were difficult to address. These included: domestic violence, physical and mental health problems, crime and anti-social behaviour (particularly by the young people) and challenging behaviours from younger children, social isolation, inadequate housing, poverty and debt.
- The emotional impact of all of these problems was experienced as a life out of control, in which families were overwhelmed by their problems and frightened by the prospect of further deterioration. They described it as a nightmare and felt unable to escape.
- Families had had very poor experiences of other services in the past. Some families had lengthy histories of multiple service involvement which appeared to them to be chaotic and confusing, and in general unhelpful.

- Relationships with children's services were particularly difficult, with families seeing social workers as distant and impersonal in their approach, quick to judge, and responsible for creating records which they felt misrepresented the truth about their families.
- Families were usually sceptical about referral to FWT and did not know what it really entailed. They didn't always feel that they had a choice about whether to take part, but they did acknowledge that they needed the support.
- Families valued tremendously the relationships they built with FWT keyworkers, whom they saw as more of a friend or member of the family, although they also remained aware of the keyworker's professional boundaries. The keyworker was seen as determined and persistent, non-judgemental and able to relate to the family, who felt comfortable working with her.
- The keyworker provided practical support to families including cleaning and decorating the home, providing transport, shopping and cooking. Families valued the hands-on approach of the keyworker.
- Parents were supported in developing skills around more effective parenting, organisation, avoiding debt and budgeting, medical and mental health needs, and employability.
- Children were supported in their educational needs, addressing their own physical and mental health, and their criminal or anti-social behaviour. Keyworkers used a system of rewards to which children responded well.
- The keyworker also provided much needed moral support, motivating families, and giving them a push to change. They provided someone to talk to so that parents didn't feel like they were doing things alone.
- The keyworker's role as advocate was appreciated by families who were supported at meetings which they found intimidating and confusing. Keyworkers explained what was happening so that families could understand, and they advocated in the families' interests, co-ordinating services and brokering additional support.

- The process of engaging with FWT was sometimes difficult for families, and could be emotionally demanding. They sometimes experienced it as intrusive and some young people could feel they were being patronised or unfairly targeted.
- Some families would like to see the keyworkers given more training in mental health and counselling to allow a more comprehensive provision of services across the spectrum of this commonly experienced area of need.
- Families experienced change as a weight off their shoulders, in which they could look to the future and see that there was more to life. They felt in control of their life again, happier and with more confidence and self-esteem.
- Families felt that support helped them to become a better family, with closer relationships, and with parents able to fulfil what they saw as the role of a parent in caring for children.
- Families also experienced positive outcomes for the children and young people in particular, with improvements in levels of development, health and wellbeing. In short, children were often happier and no longer frightened.
- Families looked back at their earlier problems with fear about what might have been and were determined never to go back there. They sometimes had a momentary relapse as problems arose, but saw the importance of working through it and moving forwards. They also had the confidence to be able to tackle problems or ask for support.
- Some families worried about whether they would be able to cope after exit, and were reassured by the keyworker's promise that they could contact them if they had any problems. Keyworkers also ensured that other support strategies were in place for families so that they were not alone.
- Some families looked forward to exit as evidence that they could manage on their own and finally become free of services in their lives.
- Families agreed that the service provided by FWT was effective and that it offered them the support that they needed. They would like to see the service continue to support others who need it in future.

Section 8: Conclusions and Recommendations

Lincolnshire County Council have successfully established a service that responds to the specific challenges of supporting families with complex needs. The research found strong evidence of multi-agency partnership working and a willingness amongst key staff to rise to the challenges of the project. The keyworker role was seen to be effective in co-ordinating services around a family and minimising duplication. However, where the aims of intervention were contested or not clearly understood by all partners, joined-up working was more difficult to achieve, and strained relationships between staff in different services were more likely to exist.

- **We recommend that LCC work with partner agencies to ensure clearer understanding of FWT's roles, objectives and mode of working.**

Some services appeared to be more comfortable than others with the FWT approach. The research revealed a number of tensions between keyworkers and some social workers in LCC children's services, with the latter feeling that the keyworker became too involved with the family in some cases, losing sight of her professional boundaries. It is precisely this willingness of the keyworker to build close relationships with families, however, which generates engagement and motivation to change.

- **We recommend that LCC explore strategies for supporting keyworkers in maintaining and strengthening their role, and include children's services more fully in that process. There are some examples of effective partnerships between FWT and social workers, and these should be promoted as good practice in working with families with multiple complex needs.**

The research found evidence that Families Working Together acted as a successful Community Budget, with the pooling of resources from the various partner agencies involved in providing practical support. However, only a small number of partners contributed financially during the pilot period and this was so for a variety of reasons. It is therefore encouraging to see LCC expanding its ideas about how agencies might contribute, through secondments and the development of a 'virtual team'.

- **We recommend that FWT continues to be supported through a multi-agency governance structure as this has encouraged partner organisations to incorporate the strategic plans of FWT within their own organisations, and vice versa. Multi-agency working on the ground can only be supported if it exists also at a strategic level.**

It was clear from the research that FWT not only identified the presenting problems of families, which often impacted negatively upon the wider community, but also sought to understand the causes of these problems and the capacity of the families to resolve them. FWT provided a holistic approach to families with multiple deprivations, and responded to them with compassion and empathy. In comparison, there is a risk that the Troubled Families Programme could prove to be less effective, as it focuses primarily upon crime, ASB, worklessness and school attendance.

- **We recommend that LCC and its partners continue to ensure that FWT addresses the full range of needs of Lincolnshire's most vulnerable families.**

The research found that families had been struggling for many years and had been let down by services on numerous occasions. They expressed disappointment that their problems had to escalate to crisis point before they were supported. FWT worked with families where parents were finding it difficult to cope and showed signs of neglect of both their children and the family home. In contrast, the focus of the Troubled Families programme suggests that it will target older families with more entrenched and serious behavioural problems, who are likely to have been experiencing problems for some years already.

- **We recommend that LCC continue to give priority to supporting families through early intervention strategies employing keyworkers with low caseloads and intervention periods tailored to the needs of individual families.**

The introduction of the Troubled Families Programme has the potential to impact detrimentally upon the ways in which keyworkers are able to support families if caseloads are increased and intervention periods shortened.

- **We recommend that the following key features of the Families Working Together service should be considered to be essential for generating positive and sustainable outcomes for families. Any changes to the structure or working practices of FWT should ensure the preservation of these features in order to sustain the successful outcomes of the service.**

Key Features of FWT which Generate Success

Impartiality

Given the families' entrenched histories with a number of agencies, it is important that the keyworker is impartial and does not represent the interests of any other agency. This enables them to build positive relationships with the family that promote change. Through this they can then also facilitate engagement with those other services and build bridges for future co-operation.

Time- intensive and sustained

FWT have a significant advantage over other services in that they have much more time to give to each family due to the smaller caseloads carried by each keyworker, and the sustained intervention period. This provides further opportunities for keyworkers to uncover underlying problems, to support the families to overcome these and to engender self-management.

Voluntary Involvement/Ownership

Families respond well to the fact that their involvement is voluntary (even where refusal to engage could have ramifications, e.g. eviction or removal of children). They see the service as helping them to make the changes that they want to make, and therefore feel in control of the process. Requiring families to participate on a statutory basis is unlikely to produce the same level of engagement.

Practical and Emotional Support

Families are often told what they must do by other services but lack the practical and emotional capacity to comply with these instructions. FWT keyworkers have both the practical skills and emotional intelligence to enable families to build this capacity.

Family Budget

FWT is unique in having a ring-fenced budget to spend on meeting the needs of the families. We have seen evidence of this having been managed prudently, with good oversight and intent to spend public money appropriately and economically. This budget has been used to assist with the initial engagement of families and with moving them forward.

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